THE STATE OF MONTANA

Commissioner of Political Practices 1205 Eighth Avenue Post Office Box 202401

Helena, MT 59620-2401 Phone: 406-444-2942 Fax: 406-444-1643

www.politicalpractices.mt.gov

HAND DELIVERED

Campaign Finance and Practices

Complaint Form (10/09)

FOR OFFICE USE ONLY	
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2015 NOV 16 A 9: 47	
COMMISSIONER OF HAND DELIVERED ACTUES	
CERTIFIED MAIL	
SIGNED/NOTARIZED	

Person or organization	n against v	whom complaint is brought (Respondent):
Complete Name		KC York, 103 S 9th Street, Suite 106, Hamilton, MT 59840
Complete Mailing Addr	ess	Trap Free Montana Public Lands, P.O. Box 1347, Hamilton, MT 59840
		Office of Montana COPP, P.O. Box 202401, Helena, MT 59620-2401
Phone Numbers:	Work	Home

Please complete the second page of this form and describe in detail the facts of the alledged violation.

Verification b	y oath or affirmation
State of Montana, County of Missoula	
I,	_, being duly sworn, state that the information in this ne best of my knowledge and belief.
(SEAL)	Signature of Complainant
COURTNEY WILSON NOTARY PUBLIC for the State of Montana Residing at Missoula, Montana My Commission Expires May 27, 2018	Subscribed and sworn to before me this 5th day of Notary Public
My Commission Expires: May 27,2018	, , , , , , , , , , , , , , , , , , , ,

COURTNEY WILSON
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COURTNEY WILSON
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May 27 2016

Statement of facts:

Describe in detail the alleged violation(s) and cite the statute or statutes you believe have been violated. Please attach copies of documentary evidence to support the facts alleged in your statement.

If the space provided below is insufficient, you may attach additional pages as necessary.

See attached Complaint

Complaints must be:

- signed
- notarized
- · delivered in person or by certified mail.

COMPLAINT AGAINST KC YORK, PERSONALLY, AND TRAP FREE MONTANA PUBLIC LANDS, A BALLOT INITIATIVE COMMITTEE

This Complaint is filed by:

Jason Maxwell 4232 Hermione Lane Missoula, MT 59808 406.370.5792

This Complaint is filed against:

KC York, a resident of Bitterroot County, Montana (personally) 103 S 9th Street, Suite 106 Hamilton, MT 59840

Trap Free Montana Public Lands, a ballot initiative committee P.O. Box 1347
Hamilton, MT 59840

The Office of the Montana Commissioner of Political Practices 1205 Eighth Avenue P.O. Box 202401 Helena, MT 59620-2401

OPERATIVE FACTS

- 1. The Montana Commissioner of Political Practices Office is a state agency, which such agency is tasked with overseeing election and campaign activities.
- 2. Employees of the Office of the Commissioner of Political Practices are public employees.
- KC York is a resident of Bitterroot County, Montana.
- 4. KC York works for Ravalli County Early Head Start, Inc. See, Exhibit "1."
- Ravalli Early Head Start is located in Hamilton, Montana. See, Exhibit "2."
- As of October 30, 2015, KC York is listed on the REHS Staff Directory as a "home visitor."
- Ravalli Early Head Start is a federally funded program. See, Exhibit "3."
- 8. Ravalli Early Head Start is a private non-profit community action agency.
- 9. Non-profit entities are expressly prohibited by law from engaging in political campaigns or being involved in political activities.

- 10. Upon information and belief, KC York's salary is paid by the taxpayer. However, the undersigned is unable to confirm this as Ravalli County Early Head Start refused to answer this question when asked.
- 11. In addition to being a public employee, KC York is also the Deputy Treasurer for Trap Free Montana Public Lands.
- 12. Trap Free Montana Public Lands is a 2015-16 ballot initiative committee registered with the State of Montana, by and through the Montana Commissioner of Political Practices.
- 13. Trap Free Montana Public Lands' mission is to ban private trapping in Montana.
- 14. KC York was previously the Executive Director of Footloose Montana, an antitrapping organization.
- 15. KC York was also the deputy treasurer of Trap Free Montana Public Lands when it was a ballot initiative committee registered with the State of Montana during the 2013-14 election period.
- 16. On September 24, 2015, in her capacity as Deputy Treasurer, KC York filed a Form C-6 campaign finance report on behalf of the political committee Trap Free Montana Public Lands. A copy of that filing is attached as Exhibit "4."
- 17. As clearly evidenced on the face of the Form C-6 filing, the Form was faxed from the fax machine of the Ravalli Early Head Start Program.
- 18. The fax number of the Ravalli Early Head Start Program is 406-363-7287, the same number as is listed on the September 24, 2015 C-6 filed by York on behalf of Trap Free Montana Public Lands.
- 19. Incredibly, the last page of the York/Trap Free Montana Public Lands filing contains a personal note from KC York to COPP employee Mary Baker requesting that Baker take affirmative action to black out and alter the proof that the filing was faxed from the offices of Ravalli Early Head Start using the equipment of Ravalli Early Head Start.
- 20. This filing was not the first time that KC York and the Trap Free Montana Public Lands used the resources of Ravalli Early Head Start to conduct political activity using public resources.
- 21. Attached hereto is a Form C-6 filing of Trap Free Montana Public Lands dated June 10, 2014 in which the fax number and location from which the document was faxed is purposely blacked out. See, Exhibit "5."
- 22. What is remarkable about this particular filing is that someone inside the Commissioner of Political Practices office purposely blacked out the fax origination number and location after the document was sent to the COPP office. In doing so, this person purposefully altered a public record.
- 23. In addition, attached hereto as Exhibit "6" is a Form C-6 of Trap Free Public Lands filed May 12, 2014. This document was signed and submitted by KC York. Similar to the June 10, 2014 document, this document has been altered to black out the fax number and location from which the document was faxed.
- 24. What is more, attached hereto as Exhibit "7" is a Form C-6 of Trap Free Public Lands filed by Trap Free Public Lands filed April 6, 2015. Again, this document was

- signed and submitted by KC York as Deputy Treasurer. And, again, the fax number and the source from which the fax was sent have been purposefully blacked out.
- 25. Further, the March 10, 2014 filing, which is attached hereto as Exhibit "8", has received the same blackout treatment.
- 26. In addition, as shown on the attached Exhibit "9", the May 29, 2014 Form C-6 filing received the same blackout/alternation treatment.
- 27. As did the July 7, 2014 filing, attached as Exhibit "10." Interestingly, on this form, the initials "MB" are denoted as the initials of the state employee who received the faxed document.
- 28. Unlike the previous filings just referenced, the February 11, 2015 filing of Trap Free Public Lands and KC York, attached hereto as Exhibit "11", clearly denotes the filing was sent from the fax machine and number of Ravalli Early Head Start.
- 29. This pattern of faxing filings from the Ravalli Early Head Start programs is further evidenced by all the filings attached as Exhibit "12."

VIOLATIONS OF LAW

A. Unlawful Use of Public Resources for Political Purposes

- 30. As noted, Ravalli Early Head Start is a not-for-profit corporation.
- 31. Ravalli Early Head Start is funded by the federal government using taxpayer dollars.
- 32. Political campaigns in Montana are prohibited from using public time, facilities, equipment, supplies, personnel or funds for any campaign activity.
- 33. Here, as clearly evidenced on the face of the Trap Free Public Lands C-6 filings, that ballot initiative committee unlawfully used public time, equipment, supplies and funds to advance their campaign.
- 34. KC York, personally, and Trap Free Public Lands has clearly violated several provisions of Montana law and federal law which prohibit using public time, resources, and dollars to fund political activities.
- 35. Further, KC York has likely violated the federal Hatch Act, which prohibits persons from using federal resources for political activities.
- 36. The actions of KC York and Trap Free Public Lands have clearly violated the public trust.
- 37. Further, the actions of York in requesting that Baker alter and obfuscate public forms calls into question the integrity of the Office of the Commissioner of Political Practices, an office that is required by law to be neutral on matters of elections and campaigns.
- 38. As outlined above, this request by York to alter the face of the C-6 forms filed by York is consistent with past practices by someone within the COPP office to blackout, and thereby alter, public information contained on the face of York's public filings.

B. Failure to Report In-Kind Contributions - MCA Section

- 39. As demonstrated on the face of the various ballot committee finance reports filed by KC York and Trap Free Public Lands, the Ravalli Early Head Start Program's fax machine and phone line were used to file the campaign finance reports of the Trap Free Montana Public Lands ballot committee.
- 40. It is apparent that the fax machine and the phone line used to file the ballot committee reports were paid for by public funds and were owned by Ravalli Early Head Start Program, a not-for-profit corporation.
- 41. The fax machine and phone line were used to file the ballot committee reports and, thus, their use constitute expenses incurred by Ravalli Early Start to support a statewide ballot committee. ARM 44.10.531.
- 42. As a result, the expenses, because they were provided free of charge to Trap Free Montana Public Lands, became in-kind contributions to the Ballot Committee.
- 43. As such, those in-kind contributions and their amounts had to be reported on the relevant Trap Free Montana Public Lands C-6 reports. See, MCA Section 13-1-101.
- 44. A review of the C-6 filings for Trap Free Montana Public Lands for both 2014 and 2015 do not identify any contribution or contribution amounts from the Ravalli Early Head Start program.
- 45. As KC York used the Ravalli Early Head Start program resources in both 2014 and 2015 to file the ballot committee reports, every Trap Free Montana Public Lands C-6 report filed in both those years is in violation of Montana's ballot committee finance reporting laws because those reports fail to identify the in-kind contribution(s) of Ravalli Early Head Start.

C. Failure to Fully Identify Contributors - MCA Section 13-37-229

- 46. Montana law requires full disclosure of contributors to ballot committees.
- 47. Such disclosure requires the identification of the name and address of the contributing party.
- 48. As outlined above, by allowing KC York to use its fax machine, phone line and other taxpayer-funded resources to engage in political activities supporting the ballot initiatives to ban trapping in Montana, the Ravalli Early Head Start program became a contributor to Trap Free Montana Public Lands.
- 49. As demonstrated on the face of every Trap Free Montana Public Lands filing made in 2014 and in 2015, the Ravalli Early Head Start program is not identified and/or disclosed as a campaign contributor.
- 50. The failure to identify Ravalli Early Head Start as a contributor on any C-6 filed by Trap Free Montana Public Lands has resulted in multiple violations of law over a two year period. This violation of law also requires Trap Free Montana Public Lands to file amended campaign finance reports.

D. Complaint Against the Office of the Montana Commissioner of Political Practices— Tampering with Public Records and Information, MCA 45-7-208

- 51. MCA Section 45-7-208 makes it a crime for a person to tamper with or alter a public record.
- 52. This crime is a felony, subjecting the person to up to 10 years in prison or a fine of up to \$50,000, or both.
- 53. This crime is committed when a person either:
 - alters any public record or document to be received by, kept by, or maintained by a government agency for information or record or required by law to be kept for information of the government; and
 - b. purposely destroys, conceals, removes or otherwise impairs the verity or availability of a record, document, or thing.
- 54. As this statute is applied in the present instance, a person or persons within the Office of the Commissioner of Political Practices has violated this criminal law.
- 55. As outlined above, and as clearly evidenced on the face of the C-6 forms filed by KC York on behalf of Trap Free Montana Public Lands, someone at the COPP office purposefully and knowingly blacked out the fact that the faxes were sent from the Ravalli Early Head Start Program offices using the Head Start Program's fax machine and phone number.
- 56. Further, as clearly evidenced on the face of the Form C-6, someone at the COPP office purposefully and knowingly also blacked out the fax number from which the faxed C-6 forms were faxed to the COPP.
- 57. The fact that the source of the origin of the fax and the fax number from which the reports were faxed were blacked out on numerous forms over a period of years indicates that the actions in blacking out the identifying information was intentional and knowing. In taking the action of blacking out the source of the fax, the person who took the action knowingly altered a public record, and did so to hide the actions of KC York and the Trap Free Montana Public Lands Ballot Committee in using public funds for campaign purposes.
- 58. There is little doubt that the Form C-6 filings of the Trap Free Montana Public Lands Ballot Committee are public information and records. *See*, MCA 13-37-231, 13-37-225.
- 59. There is little doubt that the Form C-6 filings are government information required by law by the agency to be kept, maintained, and made available for public review. *See*, MCA 13-37-225-226.
- 60. In addition, the action taken to black out the ballot committee's C-6 filings on multiple occasions appears to have been intentionally done for the purpose of concealing the verity of public records and documents.
- 61. Such action was taken to conceal the fact that KC York was using the fax machine and phone line of the Ravalli Early Head Start for political purposes.
- 62. This is evidenced by the fact that the last sheet of the September 24, 2015 C-6 filing made by KC York on behalf of the Trap Free Montana Public Lands Ballot

- Committee specifically directs Mary Baker, a COPP employee, to black out the fact that the fax originated from the Ravalli Early Head Start program offices.
- 63. As such, it appears that Mary Baker, a state employee, had, over time and at the direction of KC York, purposefully and knowingly altered and tampered with multiple public records required to be kept by the Commissioner of Political Practices in order to conceal the fact that public resources were being to promote a ballot initiative—namely a ballot initiative to ban trapping in Montana.
- 64. What is particularly troubling about the present situation is that the current Commissioner of Political Practices, Jon Motl, represented as part of his private legal practice Footloose Montana, an organization dedicated to ending public lands trapping in Montana.
- 65. KC York was formerly the Executive Director of Motl's client Footloose Montana.
- 66. This past legal and political campaign relationship between York and Motl is troubling in light of the COPP's actions at issue herein, in which the COPP was masking information on behalf of York and an anti-trapping ballot committee.

E. Complaint Against the Office of the Montana Commissioner of Political Practices – Official Misconduct, MCA Section 13-35-204

- 67. MCA Section 13-35-204 provides that a person is guilty of official misconduct when a person who is involved in administering elections laws in this state knowingly acts in contravention or violation of any provision of the election laws.
- 68. Montana's election laws require the "full disclosure and reporting of the sources and disposition of funds used . . . to support candidates, political committees, or issues" (Section 1, Chapter 480, Laws of 1975.) In short, the people of Montana have determined that they have an absolute right to know who is behind efforts to influence elections, how much money is being spent on those efforts, and where the money comes from. In the Matter of the Complaint Against Western Tradition AND Partnership and Coalition for Energy and the Environment (COPP, 2010).
- 69. Here, the COPP office is directly tasked with administering a portion of Montana's election laws, namely that portion of the laws dealing with campaign practices, such as the public reporting of all contributions in expenditures in support of ballot initiatives. See, COPP Mission Statement, attached hereto as Exhibit "13."
- 70. As outlined above, someone inside the COPP's office, the very office that has a duty to execute faithfully Montana's election laws, knowingly altered election-related documents to block out information related to election-related contributions and expenditures. Such action clearly constitutes official misconduct under MCA Section 13-35-204.
- 71. Such action is a clear breach of the public trust under MCA Section 2-2-103.

DEMAND FOR RECUSAL OF JONATHAN MOTL PURSUANT TO MCA SECTION 13-37-111(4)

- 72. MCA Section 13-37-108(6) specifically prohibits Jonathan Motl, as Commissioner of Political Practices, from working on any matter that results either in a conflict of interest or an appearance of conflict of interest.
- 73. Here, Mr. Motl is clearly conflicted as to the content and subject of this Complaint.
- 74. This Complaint involves allegations of wrongdoing by his office and his staff.
- 75. Further, as noted, KC York was formerly an officer in an organization, Footloose Montana, which was a legal client of Mr. Motl during his time as a partner in the Reynolds, Motl and Sherwood law firm. See, Exhibit "14" hereto. The relationship between York and Motl clearly raises conflict of interest issues, which such issues require that Motl be recused from any consideration of this Complaint or its contents.
- 76. Therefore, the undersigned demands pursuant to MCA Section 13-37-111(4) that Motl and his entire staff recuse themselves from investigating, acting on or otherwise being involved in the resolution of this Complaint.
- 77. This matter must be referred to the Office of the Montana Attorney General for disposition.

Documents

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REHS Staff Directory

Ravalli Early Head Start 103 S 9th St, Ste 106 Hamilton, MT 59840 (406) 363-7412 (phone)

(406) 363-7287 (fax)

Our Programs

> Ravalli Early Head Start

> Missoula Early Head Start

Education and Disabilities Manager

Extension 202

> Ravalli Head Start

Enrollment Specialist

Extension 222

Health and Nutrition Coordinator

Extension 204

Opportunities

> Employment

Home Visitor

Marlaina Thiel

Extension 206

> Volunteer

> Donate

Home Visitor

Rebecca Kallin

Extension 207

Helpful Information

Home Visitor

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Extension 208

> Documents

> Resources

Home Visitor

KC York

> Facebook

Extension 209

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Extension 200

Center 1

Snuggle Bunnies

Extension 216

Center 2

Cuddle Bugs

Extension 217

HEAD START MISSION

Serving children and families so they succeed in school and life. OUR PROGRAMS

Ravalli Early Head Start

Missoula Early Head Start

Ravalli Head Start

POPULAR PAGES

No Cost Early Childhood Programs for Children Age 0 - 5

Ravalli Early Head Start

Missoula Early Head Start

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Ravalli Early Head Start

(for children newborn up to age 3 in Ravalli County)

103 South 9th Street, Suite 106

Hamilton, MT 59840 Phone: (406) 363-7412

Fax: (406) 363-7287

Email: rehs@ravalliheadstart.org

Missoula Early Head Start

(for children newborn up to age 3 in Missoula County)

2121 39th Street

Missoula, MT 59803 Phone: (406) 251-9410

Fax: (406) 251-9403

Email: mehs@ravalliheadstart.org

Ravalli Head Start

(for children age 3 and 4 in Ravalli County)

81 Kurtz Lane

Hamilton, MT 59840 Phone: (406) 363-1217

Fax: (406) 363-1627

Email: rhs@ravalliheadstart.org

Contact

Our Programs

- > Ravalli Early Head
 - Start
- > Missoula Early Head

Start

> Ravalli Head Start

Opportunities

- > Employment
- > Volunteer
- > Donate

Helpful Information

- > Documents
- > Resources

> Facebook

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HEAD START MISSION					
Serving children and families so they OUR PROGRAMS	y succeed in school	and life.			
Ravalli Early Head Start					
Missoula Early Head Start					-
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Ravalli Head Start 81 Kurtz Ln Hamilton, MT 59840 (406) 363-1217

Missoula Early Head Start 2121 39th St Missoula. MT 59803 (406) 251-9410 Ravalli Early Head Start 103 S 9th St Ste 106 Hamilton, MT 59840 (406) 363-7412

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No Cost Early Childhood Programs for Children Age 0 – 5



Ravalli Early Head Start

For children infant up to age 3.

Click here to learn more about Ravalli Head Start, classroom options, eligibility requirements, how to apply, and more.



Missoula Early Head Start

For children infant up to age 3.

Click here to learn more about Ravalli Head Start, classroom options, eligibility requirements, how to apply, and more.



Ravalli Head Start

For preschool children ages 3 & 4. Click here to learn more about

Ravalli Head Start. classroom options, eligibility requirements, how to apply, and more.

Our Programs

- > Ravalli Early Head Start
- > Missoula Early Head Start
- > Ravalli Head Start

Opportunities

- > Employment
- > Volunteer
- > Donate

avalii Head Start is a federally funded program provided at NO COST to low income families living in Ravalli and Missoula Counties. The preschool program is comprehensive and

Head Start is designed to develop the special strengths and meet the needs of each child and his/her family. Ravalli Head Start, Inc. provides:

> Parenting classes and early

Our Mission

Board of Directors

Policy Council

Helpful Information

> Documents

> Resources

> Facebook

Early Childhood Education and Preschool

serves 3- and 4-year-old children. The program provides four hour classes, four days a week from mid-September through May in Hamilton and Stevensville, Limited bus service may be available. Early Head Start in Hamilton and Missoula is also managed by Ravalli Head Start, Inc. Early Head Start is available for qualifying families with children up to age three, and pregnant women.

literacy support.

Links to community resources.

Our Programs

Family goal-

setting and support.

Helpful Resources

 Disability, wellness and mental health services.

 Nutritious breakfasts and lunches.

 Child health, nutrition and dental education.

Get Involved with Ravalli Head Start, Inc.

Learn about employment, volunteer opportunities, and ways you can donate to RHS.

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Missoula Early Head Start
2121 39th St
Missoula, MT 59803
(406) 251-9410
Ravalli Early Head Start
103 S 9th St Ste 106
Hamilton, MT 59840
(406) 363-7412

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all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Apriotated Title 13, chapter 37

_, certify the foregoing report of campaign finances with

<u>NOTE</u>: Report <u>MUST BE SIGNED</u> by an officer whose name is on the Statement of Organization form on file in the office of the formissioner of Political Practices

Signature

Closing Report	•	0 pp t n 001 n	PO Box 1347 Hamilton MT 59840
Periodic Report	Γ	From April 6, 2015	FULL REGISTERED NAME OF COMMITTEE
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Date Received and Postmark Date	pevien	Date Rec	COMMISSIONER OF POLITICAL PRACTICES
FOR OFFICE USE ONLY	光 に	FOR O	THE STATE OF MONTANA

1. CASH IN BANK - Balance from previous report..... 4. EXPENDITURES - Total paid out this period from Schedule 8..... 3. CORRECTIONS - Addition or subtraction from Schedule D...... 2. RECEIPTS - Total received and deposited this period from Schedule A..... CASH SUMMARY: MONEY RECEIVED AND SPENT COMPLETE MAILING ADDRESS (Include City, State, Zip Code) KC York CASH IN BANK – Ending balance this report..... Deputy Treasurer CERTIFICATION ᅙ OHD1 0, 2010 Subtotal \$ 285.09 \$ 1307.43 \$ 829.34 \$ 1168.29 \$ 193.00 \$ 139.14 No transactions in period

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Total to Date Amount	Cash or Check Amount	In-Kind Description Value		<u> </u>	SCHEDULE A. Recelpts – This Reporting Perlod

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C-6 (page 2)

SCHEDULE A. Receipts - This Reporting Period (continued)		n-Kind	Cash or Check Amount	Total to Date Amount
		Description Value		
4. Political Action Committee Contributions Committee's full registered name and complete	Date Received			
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C-6 (page 3)

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	in-Kind Description Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED	Date Required			
Name				
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6. Incidental Committee Contributions Full name and complete mailing address REQUIRED	Date Required			
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City, State, Zlp Code				
7. Other Political Committee Contributions Full name and complete meiling address REQUIRED	Date Required			
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City, State, Zip Code				
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IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 4)

TOTAL	City, State, Zip Code	Address	Name	City, State, Zip Code	Address	Nаme		City, State, Zip Code	Address	Name	City, State, Zip Code	Address	Name	City, State, Zip Code	Address	Name		8. Corporate Contributtons (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED for Independent Expenditures Only!	Receipts - This Reporting Period (continued)));;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
L RECEIPTS				 .	,		-				 		-	 	-			Date Received Required		
TOTAL RECEIPTS THIS PAGE																			Description Value	in-Kind
												-		 					Amount	Cash or Check
																	•		Amount	Total to Date

TYPE OR PRINT CLEARLY IN INK Individual Contributors of \$35 or More <u>REQUIRED</u>: ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED</u>: Full name, complete mailing address, occupation & employer SCHEDULE A. Receipts - This Reporting Period (continued) Address Name Address City, State, Zip Code Name Name City, State, Zip Code Address Name City, State, Zip Code Name City, State, Zip Code Address City, State, Zip Code Address TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 – 9) in this total IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED TOTAL RECEIPTS THIS PAGE Occupation Employer Employer Employer Occupation Employer Occupation Employer Occupation Occupation Description In-Kind Value 193.00 Cash or Check Amount Total to Date Amount C-6 (page 5)

TYPE OR PRINT CLEARLY IN INK

139.14		PETTY CASH	TOTAL EXPENDITURES THIS PAGE-INCLUDING PETI	TOTAL EXPE
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				Address
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				cij, usic, ale coa
				City State 7in Code
				Address
-				Name
-				
				City, State, Zip Code
				Address
7.14			-	Name
		4/19/15-5/31/15	Transaction Fees	Paypal
				City, State, Zip Code
				Address Hamilton, MT 59840
82.00				Name 150 N 45
		6/29/15	Post Office Box	USPS
				City, State, Zip Code
				Address
50.00		8/3/15,9/3/15		Name
		5/3/15, 6/4/15, 7/3/15.	Cell phone monthly charge	Pure Talk
				2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>
				1, PETTY CASH Expenditures (TOTAL THIS PERIOD)
Amount GENERAL	PRIMARY	Date	Purpose	SCHEDULE B. Expenditures – This Reporting Period

C-6 (page 6)

TYPE OR PRINT CLEARLY IN INK					C-6 (page 7)
SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Amount PRIMARY	int GENERAL
 Independent Expenditures Full name and complete mailing address of each payee REQUIRED 					
Name					
Address			^		
City, State, Zip Code					
Name				_,	
Address					,
City, State, Zip Code					
Name					
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City, State, Zip Code					0
TOTAL E	TOTAL EXPENDITURES THIS PAGE INCLUDING FETT	EINCLODING F	Ell casi		139 14
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total	PERIOD Include all of Sch	edule B (Sections 1	. 3) in this total		

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/	Date	Amount PRIMARY	unt GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
Name					·
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					,
	•				-
Name					
Address					
City, State, Zip Code	•	,			
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		70-4			139,14
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1	RIOD Include all of Sc	chedule B (Sections 1	4 in this total		

C-6 (page 7)

400 303 /20/

TYPE OR PRINT CLEARLY IN INK

SCHEDULE C. Debis and Loans Not Yet Paid			
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date incurred	Balance Due PRIMARY GENERAL
Name			-
Address			
City, State, Zip Code			
Name			
Address			
City, State, Zlp Code			
		·	
Name			
Address			
City State Zin Code			

3/10/14 1/16/14 4/2/14 SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report. DATE Originally Reported on SCHEDULE C-6 1/1/14-3/5/14 C-6 3/5/14-4/5/14 C-6 3/5/14-4/5/14 As Originally Reported Missed expense Missed deposit Missed deposit cost to open bank account +100. Later repaid as an ex Facebook boost -14,95 Paypal refund +1.95 **Explain Correction**

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 8)

SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due PRIMARY GENERAL
Name			
Address			
Clly, State, Zlp Code			
Name			
Address			
City, State, Zip Code			
			·
Name			
Address			
City, State, Zip Code			

SCHEDULE D.	Utilize this section to repor	SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.	rted on a prior report.
Origina DATE	Originally Reported on SCHEDULE	As Originally Reported	Explain Correction
4/4/14	C6 3/5/14-4/5/14 Sch B	missed expense	Cell phone -10.00
5/27/14	C6 5/25/14-6/5/14 Sch	missed cantribution	Lisa Robertson, refired, +100.00
5/26/14	C6 5/25/14-6/5/14 Sch	missed credit	Paypal refund +17.55

C-6 (page 8)

TYPE OR PRINT CLEARLY IN INK			C-6 (page 8)
SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor REQUIRED	Purpose	Date Incurred	Balance Due PRIMARY GENERAL
Name		-	u
Address			
City, State, Zip Code			
Name			
Address			
City, State, Zip Code			
Name			, 17, 11 - 1
Aidress			·····
City, State, Zip Code			-

mathmatical error should be 829.47, + .13	Cash in bank reported as 829.34	3/6/15-4/5/15	4/6/15
Facebook charge -9.59	missed expense	11/20/14-3/5/15 Sch B	3/2/15
Jeff Tisman occupation unknown, +100	missed contribution	C611/20/14-3/5/15 Sch	12/29/14
Explain Correction	As Originally Reported	Orfginally Reported on SCHEDULE	Ortginally DATE
rted on a prior report.	SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.	tilize this section to repor	SCHEDULE D. U

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COMMISSIONER OF POLITICAL PRACTICES FAX NUMBER: 406-444-1643 TELEPHONE: 406-444-2942 THE STATE OF MONTANA Post Office Box 202401 Helena, MT 59620-2401 1205 Eighth Avenue

WEBSITE: www.politicalpractices.mt.gov

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The Elect Management Dublic Leads	REPORTING PERIOD			
irap riee monana rudiic Lands	May 25 2011			_
FULL REGISTERED NAME OF COMMITTEE	From Ividy 23, 2014		7	
PO Box 1347 Hamilton MT 59840	1 1 2014			_
COMPLETE MAILING ADDRESS	To calle 0, 2014			_
(Include City, State, Zip Code)				

No transactions in period

Periodic Report Closing Report

Initial Report

6.5017

CASH SUMMARY: MONEY RECEIVED AND SPENT	
1. CASH IN BANK – Balance from previous report	\$ 3397.03
2. RECEIPTS - Total received and deposited this period from Schedule A	\$ 2225.00
3. CORRECTIONS – Addition or subtraction from Schedule D	4
Subtotal	\$ 5622.03
4. EXPENDITURES - Total paid out this period from Schedule B	\$ 117.27
5. CASH IN BANK – Ending balance this report	\$ 5504.76

	certify the foregoing report of campaign finances with	h Montana Code Agnotated Title 18, chapter 37.
CERTIFICATION	Deputy Treasurer	Title 78, chapter 37.
	, KC York	Name all attachments is complete and correct

NOTE: Report <u>MUST BE SIGNED</u> by an officer whose name is on the Statement of Organization form on file in the office of the Chamissioner of Political Practices.

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					C-6 (page 2)
SCHEDULE A. Receipts - This Reporting Period	70		In-Kind	Cash or Check Amount	Total to Date
			Description Value		
1. Contributions Less Than \$35 Each (Total)	ch (Total)			25	472.99
2. Loans Creditor's <u>fuil name</u> / <u>complete</u> <u>Malling address REQUIRED</u>	Occupation & Employer REQUIRED	Loan Date Required			
Name Address City, State, Zip Code	Occupation Employer			,	
Name Addrass City, State, Zip Code	Occupation Employer				
Name Address City, State, Zip Code	Occupation Employer				
3. Interest, Rebates, Refunds, Fundralsers, and Other Miscellaneous Receipts (Describe)	raisers, and escribe)	Date Recuired			
	T07A	L RECEIPTS	TOTAL RECEIPTS THIS PAGE	25.00	

TYPE OR PRINT CLEARLY IN INK				C-6 (page 3)
SCHEDULE A. Receipts - This Reporting Period (continued)		In-Kind Description Value	Cash or Check Amount	Total to Date Amount
4. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED	Date Received Required			
Registered Name				
Address City State Zin Code	1-			
Registered Name Address				
City, State, Zip Code				
Registered Name				
Address City Street 710 Code				
City, State, £P Code				
Regisfered Name				
Address City, State, Zp Code				
	1			
Registered Name		-		
Address				
City, State, Zip Code				
TOTA	TOTAL RECEIPTS THIS PAGE	THIS PAGE	\	

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SCHEDULE A. Receipts - This Reporting Period (continued)	Date Received	In-Kind Description Value	Cash or Check Amount	Total to Date
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED	Date Recuired			
Name				######################################
Address				
Črty, State, Zip Code				
Name		•		
Address				
City, State, Zip Code				
Name				
Address				
City State Zin Code				
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED	Date Required			
Name				
Address				
City, State, Zip Code				•
7. Other Political Committee Contributions Fult name and complete malling address REQUIRED	Date Reculred			
Name	_			
Address				
City, State, Zip Code				
				-

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TOTAL RECEIPTS THIS PAGE

Total to Date Amount Cash or Check Amount Value In-Kind Description Date Received Required 8. Corporate Contribuitons (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED Receipts - This Reporting Period (continued) for Independent Expenditures Only! TYPE OR PRINT CLEARLY IN INK City, State, Zip Code SCHEDULE A. City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Address Address Address Address Address Name Name Name Name Name

C-6 (page 3)

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					C-6 (page 5)
SCHEDULE A. Receipts - This Reporting F	Period (continued)				
9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occup.	JTION occupation & employer	In-Kind Description Value	Cash or Check Amount		Total to Date Amount
RMG Publishing PO Box 982 Address Portland ME 04104 City, State, Zip Code	publishing Occupation self Employer		100	100	
Angela Schwab Name 4235 Spurgin Rd Address Missoula MT 59804 City, State, Zip Code	Admin Assistant Occupation Walla Wall Univer Employer		92	20	•
Greg Price Name 1/2 N 2 St Address Missoula MT 59802 City, State, Zip Code	requested Occupation Employer	·	100	90	
Tom Gignoux Name 2755 Lincoln Hills Admess Missoula, MT 59802 City, State, Zip Code	Geologist Occupation Self Employer		400	430	
Steve Barkley Name	self Occupation Contrail Inc Employer	copying & market 117.19		192.19	

117.19

TOTAL RECEIPTS THIS PAGE

TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total

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SCHEDULE A. Receipts - This Reporting Pe	Period (continued)						
9. Individual Contributors of \$35 or More <u>REQUIRED</u> : ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED</u> : Full name, complete mailing address, occupa	UTION occupation & employer	In. Description	In-Kind Value		Cash or Check Amount	Total to Date Amount	Ţ
Renelle Braaten	Sports Apparel				500	500	T
Name PO Box 808				-,			
Address Havre MT 59501	self						
City, State, Zip Code	Employer						
Mary Sarumi	Information Tech				450	2283.43	
Name 1417 10th Ave NW	Occupation			_			
Address Great Falls MT 59404	Self						
City, State, Zip Code							
Suzanna McDougal	retired				500	200	
Name PO Box 1335	Occupation						
Address Hamilton MT 59840	- Carolana						
City, State, Zlp Code				 -			
Amy Greer	retired				100	100	
Name 2142 Poppy Ln	Occupation						
Adress Corvalis MT 59828	Fmplover			•			
City, State, Zip Code							
Name	Occupation						
Address							
City, State, Zip Code	Employer						
	TOTAL RECEIPTS THIS PAGE	IS PAGE			1550.00		1
TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 – 9) in	IS REPORTING PERIOD ILLE A (Sections 1 – 9) In this total	<u> </u>	117.19		2225.00		

Expenditures – This Reporting Period 1. PETTY CASH Expenditures (TOTAL THIS PERIOD) 2. All Other Expenditures Full name and complete mailing address of each payee REQUIRED Paypal Name Address City. State, Zp Code USPS Name Address Address Address Address	Purpose	Date	Amount PRIMARY	ount GENERAL
TY CASH Expenditures (TOTAL THIS PERIOD) Ther Expenditures Iname and complete mailing address ach payee REQUIRED a. Zip Code Ith St		May 26-May 29		
Other Expenditures name and complete mailing address ach payee REQUIRED a. Zp Ccde th St		May 26-May 29		The second second
a, Zip Code		May 26-May 29		
a, Zip Code				
a, Zip Cade				
				36.90
Name 150 N 4th St Address	_	5/28/14		
Address				
Hamilton, MT 59840				20.37
City, State, Zip Code				
Paper Clip		5/31/14		
Name 228 W Main				
Addrays Hamilton MT 59840				40.00
Clty, State, Zip Code				
Pure Talk		5/25/14	• • •	
Name			-	
Address				20.00
City. State, Zip Code				
Name				
Address				
City, State, Zip Code				

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TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH

C-6 (page 7)

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidata/ Issue	Date	Amount PRIMARY	ount GENERAL
 Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u> 					
Name					
Address			٠		
City, State, ZIp Code					
	·				
Name					
Address					
City, State, Zip Code				•	_
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zp Code					
Name					
Address					
City, State, Zlp Code					
TOTAL EXPE	L EXPENDITURES THIS PAGE-INCLUDING PETTY CASH	GE-INCLUDING F	PETTY CASH		
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1-3) in this total	RIOD Include all of Sci	hedule B (Sections 1	-3) in this total		

THE ON TRINI CLEARLY IN INC					C-6 (page 7)
SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ issue	Date	Amc PRIMARY	Amount GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
Name Address					
Name					
Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
Name Address City, State, Zip Code					
TOTAL EXPEN	EXPENDITURES THIS PAGE-INCLUDING PETTY CASH	GEINCLUDING F	PETTY CASH		
TOTAL EXPENDITURES THIS REPORTING PER	ING PERIOD Include all of Schedule B (Sections 1-4	edule B (Sections 1	4 in this total		117.27

SCHEDULE C. Debts and Loans Not Yet Paid Schedule Full name and complete mailing address Purpose Date Incurred PRIMARY GENERAL Name Address City, State, Zip Code City, State, Zip Code Name Name Address Name Name Address Name Oity, State, Zip Code City, State, Zip Code					C-6 (page 8)
creditor <u>REQUIRED</u> Creditor <u>REQUIRED</u> A. Zip Code 9. Zip Code 1, Zip Code 1, Zip Code 1, Zip Code	SCHEDULE C. Debts and Loans Not Yet Pald				
Name Address City, State, Zip Code Name Address City, State, Zip Code Name Address City, State, Zip Code City, State, Zip Code	Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balan PRIMARY	ce Due GENERAL
Name Address City, State, Zip Code City, State, Zip Code Name Address City, State, Zip Code City, State, Zip Code					
Address City, State, Zip Code Name Address Olty, State, Zip Code Address Olty, State, Zip Code Address	Name				
Name Name Address City, State, Zip Code Name Address City, State, Zip Code	Address				
Address City, State, Zip Code City, State, Zip Code	City, State, Zip Code				
Name Address City, State, Zip Code Address City, State, Zip Code					
Address City, State, Zip Code Address City, State, Zip Code	Name				
City, State, Zip Code Name Address City, State, Zip Code	Address				
Name Address City, State, Zip Code	Clty, State, Zip Code				
Name Address City, State, Zip Code				-	
Address City, State, Zip Code	Name				
City, State, Zip Code	Address				
	City, State, Zip Code				

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ted on a prior report.	Explain Correction		
SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report.</u>	As Originally Reported		
ilize this section to report	Originally Reported on SCHEDULE		
SCHEDULE'D. UK	Originally		

EXHIBIT 6

THE STATE OF MONTANA



FOR OFFICE USE ONLY Date Received and Postmark Date

K 5-12-14

RECEIVED

COMMISSIONER OF POLITICAL PRACTICES 2014 MAY 12 A 下31

5/20/14 ···

POLITICAL COMMITTEE FINANCE REPORT

FORM C-6 (Revised 04/08)

ORIGINAL FILING |

AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE FULL REGISTERED NAME OF COMMITTEE Trap Free Montana Public Lands COMPLETE WAILING ADDRESS PO Box 1347 Hamilton MT 59840 (Include City, State, Zip Code From April 5, 2014 7 May 5, 2014 REPORTING PERIOD Periodic Report No transactions in period Closing Repar Initial Report

CASH SUMMARY: MONEY RECEIVED AND SPENT

3. CORRECTIONS – Addition or subtraction from Schedule D..... 2. RECEIPTS - Total received and deposited this period from Schedule A...... 1. CASH IN BANK – Balance from previous report..... EXPENDITURES - Total paid out this period from Schedule B...... (Circle: + or --) -Subtotal 2439.11 3139.11 700.00 799.93 <

CERTIFICATION

ı

2339.18

CASH IN BANK - Ending balance this report.....

Deputy Treasurer

KC York

certify the foregoing report of campaign finances with

all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Taprotated Title 18, chapter 37,

Signature

<u>NOTE</u>: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

	75 🗸		TOTAL RECEIPTS THIS PAGE	TOTA	
			Date Required	raisers, and escribe)	3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)
				Occupation Employer	Name Address City, State, Zip Code
				Occupation Employer	Name Address City, State, Zip Code
				Occupation Employer	Name Address City, Stats, Zip Code
			Loan Date Required	Occupation & Employer REQUIRED	2. Loans Creditor's full name / complete Mailing address REQUIRED
422.99	75			h (Total)	1. Contributions Less Than \$35 Each (Total)
Total to Date Amount	Cash or Check Amount	In-Kind Description Value			SCHEDULE A. Receipts – This Reporting Period

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	0 1		TOTAL RECEIPTS THIS PAGE	L RECEIPT	TOTA
					Address City, State, Zip Code
) ! ! !	Resistered Name
					Address City, State, Zip Code
					Registered Name
					City, State, Zip Code
					Registered Name
					Address City, State, Zip Code
					Registered Name
					Address City, State, Zip Code
					Registered Name
			- 0	Date Received Required	4. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED
Total to Date Amount	Cash or Check Amount	In-Kind on Value	Description		SCHEDULE A. Receipts – This Reporting Period (continued)

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 3)

SCHEDULE A.		Data
Receipts - This Reporting Period (continued)	Received	Description
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED	Date Required	
Name		
City, State, Zip Code		
Name		
Address		
City, State, Zip Code		
Name		
Address		
City State Zin Code		
6. Incidental Committee Contributions Full name and complete mailing address REQUIRED	Date Required	
Name		
Address		
City. State, Zip Code		
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED	Date	
Name		
Address		
City, State, Zip Code		
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				Name Address City, State, Zip Code
				Name Address City, State, Zip Code
				Name Address City, State, Zip Code
		The state of the s		Name Address City, State, Zip Code
			Date Received Required	8. Corporate Contributtons (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED for Independent Expenditures Only
Total to Date Amount	Cash or Check Amount	In-Kind Value	Description	SCHEDULE A. Receipts – This Reporting Period (continued)

C-6 (page 3)

TYPE OR PRINT CLEARLY IN INK				C-6 (page 5)
SCHEDULE A. Receipts - This Reporting Period (continued)				
9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION	In-F	In-Kind	Cash or Check	Total to Date
REQUIRED: Full name, complete mailing address, occupation & employer	Description	Value	Amount	Amount
Robert E Lecain retired			50.00	50
Name 3201 Park St				
59801				
City, State, Zip Code				
Steve Barkley se#			75.00	75
				,

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	700.00 6co J	otal	TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 – 9) in this total	TOTAL RECEIPTS THIS REPORTING PERIOD include ALL of Schedule A (Sections 1 - 9) in
	525.00		TOTAL RECEIPTS THIS PAGE	
100	100.00		Principal Investing	Dr Rick Vandenpol Name 5/69 Prospect Dr Address Missoula MT 59808 City, State, Zip Code
200	200.00		rancher/retired Occupation A Employer	Name PO Box 190 Address Victor MT 59875 City, State, Zip Code
300	100.00		retired Occupation // A Employer	Bruce Desonia Name PO Box 561 Address Helena MT 59624 City, State, Zip Cods
75	75.00		se# Occupation Contrail Inc Employer	Steve Barkley Name 1627 W Main St #334 Address Bozeman MT 59715 City, State, Zip Code
50	50.00		retired Occupation N1: Employer	Name Name 3201 Park St Address Missoula MT 59801 City, State, Zip Code
Total to Date Amount	Cash or Check Amount	In-Kind Description Value		9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation & employer

9. Individual Contributors of \$35 or More	F 25-1		
REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation & employer	In-Kind Description Value	Cash or Check Amount	Total to Date Amount
		100	100
2858 Pheasant Lane Address Stevensville MT 59870 City, State, Zip Code Employer	Harris A. W. W. C.		
Name			
Address City, State, Zip Code Employer			
Name Occupation Address City, State, Zip Code Employer			
Name Occupation Address			
City, State, Zip Code			
Name			
City, State, Zip Code			
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TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 – 9) in this total	nis total	700 🗸	

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SCHEDULE 8. Expenditures – This Reporting Period	Purpose	Candidate/	Date	Amount	
					GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
Name					
Address					
City Clate 7 in Oct					
cif, siate, tip code		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		# # # # # # # # # # # # # # # # # # #	
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Address					
City, State, Zip Code					
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Name					
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City, State, Zlp Code					
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Address					
City, State, Zip Code					
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TOTAL EXPENDITIBLE THIS DEPORTING REGION					700.02
	Committee all of sch	include all of Schedule B (Sections 1-4	in this total		4
IF ADDITIONAL	IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE	D. THIS FORM MAY	BE REPRODUCED		

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SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/	Date	Amount PRIMARY	unt GENERAL
 Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u> 					
Name					
Address					
Cily, State, Zip Code					
Name	1 9 0 1 1 1 1 1 1 1 1				
Address City, State, Zip Code					
Name				, , , , , , , , , , , , , , , , , , ,	
Address City, State, Zip Code					
Name					
Address City, State, Zip Code					
Name	_	, , , , , , , , , , , , , , , , , , ,			
Address					
City, State, Zip Code TOTAL EXPEN	TOTAL EXPENDITURES THIS PAGE-INCLUDING PET	3E-INCLUDING P	ETTY CASH		0
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3)	SOD Include all of Sch	edule B (Sections 1 -	3) in this total		799.93

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Explain Correction	Exp	As Originally Reported	Originally Reported on SCHEDULE
	orted on a prior report	ons to receipts, contributions, and expenditures repo	SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.
			City, State, Zip Code
			Name
			Address City, State, Zip Code
			Name
0			Address City, State, Zip Code
		1	Name
Balance Due PRIMARY GENERAL	Date Incurred	Purpose	Full name and complete mailing address of each creditor <u>REQUIRED</u>
		a	SCHEDULE C. Debts and Loans Not Yet Paid
C-6 (page 8			

Explain Correction

THE STATE OF MONTANA



04/06/2015 12:37

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helene, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643

FORM C-6 (Revised 04/08) WEBSITE: www.politicalpractices.mt.gov

POLITICAL COMMITTEE FINANCE REPORT		
ORIGINAL FILING / AMENDED FILING		
TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE	ATION SIGNATURE	
Trap Free Montana Public Lands	REPORTING PERIOD	Instital Report
FULL REGISTERED NAME OF COMMITTEE	From March 6, 2015	Periodic Report
COMPLETE MAILING ADDRESS	To April 5, 2015	Closing Report
(maliae City, State, Lip Code)		No rensections in period
CASH SUMMARY: MONEY RECEIVED AND SPENT		
1. CASH IN BANK Balance from previous report		\$ 762.13
2. RECEIPTS - Total received and deposited this period from Schedule A		§ 535.00
3. CORRECTIONS - Addition or subtraction from Schedule D	J	* * * O

NOTE: Report MUST BE SIGNED by an of	Name all attachments is complete and correct to	I, KC York		
NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.	Name all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code of	deputy treasurer certify the fore	CERTIFICATION	
he Commissioner of Political Practices.	Sphotated Fitte 13, chapter 37.	certify the foregoing report of campaign finances with		

5. CASH IN BANK - Ending balance this report.....

4. EXPENDITURES - Total paid out this period from Schedule B.....

Subtotal

\$ 1297.00

829.34

467.66

FOR OFFICE USE ONLY
Date Received and Postmark Date

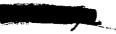
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		IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED	PAGES ARE NEEDEL	IF ADDITIONAL I	
	J	IS PAGE 0	TOTAL RECEIPTS THIS PAGE	7074	
			Date Required	raisers, and >scribe)	3. Interest, Rebates, Refunds, Fundralsers, and Other Miscellaneous Receipts (Describe)
				Employer	City, State, Zip Code
			-	Occupation	Name
				Employer	Address City, State, Zip Code
	······································			Occupation	Name
	1			Employer	City, State, Zip Code
				Occupation	Name
			Loan Date Required	Occupation & Employer REQUIRED	2. Loans Creditor's <u>full name</u> / <u>complete</u> <u>Mailing address</u> <u>REQUIRED</u>
792.92	þ	0		h (Total)	1. Contributions Less Than \$35 Each (Total)
Total to Date Amount	Cash or Check Amount	in-Kind Description Value			SCHEDULE A. Receipts - This Reporting Period
C-6 (page 2)			Companion		THE PERSON OF PARTY IN MAN





SCHEDULE A.		In-Kind	Cash or Check	Total to Date
Receipts - Inis Reporting Period (continued)		Description Value	Aillouile	All Valle
4. Political Action Committee Contributions Committee's <u>full registered name</u> and complete	Date Received			
Registered Name				
Address				
City, State, Zip Cods				
Registered Name				
Address		, 7	·	
City, State, Zip Code				
Registered Name				,
Address			-	
Cly, State, Zip Code			·	
Registered Name				
Address				
City, State, Zlp Code				-
Registered Name				
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City, State, Zip Code	E			
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C-6 (page 3)

		THIS PAGE	TOTAL RECEIPTS THIS PAGE	TOTAL
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				City. State, Zip Code
				Name
· .				City, State, Zip Code
				Name
		-		Address City, State, Zip Code
				Name
				Name Address City, State, Zip Code
			Date Received Required	8. Corporate Contribuitons (PAC's & Bailot Issues Only) Full name and mailing address. REQUIRED for Independent Expenditures. Only
Total to Date Amount	Cash or Check Amount	in-Kind Description Value		SCHEDULE A. Receipts - This Reporting Period (continued)

C-6 (page 3)

	535.00	D In this total	TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total	TOTAL RECE
	535.00		TOTAL RECEIPTS THIS PAGE	
			Occupation Employer	Name Address City, State, Zip Code
2633,43	300.00		Information tech Occupation self Employer	Mary Sarumi 1479 10th Ave NW Address Great Falls, MT 59404 City, State, Zip Code
35.00	35.00		requested Occupation Employer	Jon Bertsche Nere Spanish Peaks Address Addres
100,00	100.00		retired Occupation Employer	Lisa Smith Name 272 Omaha Ave Address, CA 93619 City, State, Zip Code
100.00	100.00		Unemployed Occupation Employer	David Fritschen Name 317 3rd St N Address Great Falls, MT 59401
Total to Date Amount	Cash or Check Amount	In-Kind Description Yatue	Contributors of \$35 or More ONE NAME ONLY FOR EACH CONTRIBUTION Full name, complete mailing address, accupation & employer	9. Individual Contributors of \$35 or More <u>REQUIRED</u> : ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED</u> : Full name, complete mailing address, occup
			porting Period (continued)	SCHEDULE A. Receipts - This Reporting Period (continued)

, C-6 (page 5)



467.68	PETTY CASH	NDITURES THIS PAGE-INCLUDING PETTY	TOTAL EXPENDITURES
			City, State, Zip Code
7.72	-		Name
-	3/15/15-3/30/15	transaction fees	PayPal
			City, State, Zip Code
			Address
10.00	-		Name
	4/3/15	cell phone	Pure Talk
		1	Cily, State, Zip Code
<u> </u>			Address Missoula MT 59801
302.50			740 River Street
	4/3/15	shiris	Shirl Shop
			Clly, Slate, Zip Code
			Address Hamilton, MT 59840
22.44			Name 932 S 1st St
	3/16/16	(Q)	Exxon Express
			City, State, Zip Code
1			Address Missoula, MT 59801
125.00	-	-	Name 740 River St
	3/6/15	set up fee	Shirt Shop
			 All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>
			1. PETTY CASH Expenditures (TOTAL THIS PERIOD)
Amount PRIMARY GENERAL	Date	Purpose	SCHEDULE B. Expenditures – This Reporting Period

JE ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-6 (page 6)

467.66	-	3) in this total	hedule B (Sections 1	RIOD Include all of Sc.	TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this
		PETTY CASH	GEINCLUDING F	TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY C	TOTAL EXPE
	-				Cly, State, Zip Code
					Address
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					City State Zin Code
					Name
					City, State, Zip Code
			٠		Address
					Name
					Full name and complete mailing address of each payee <i>REQUIRED</i>
					3. Independent Expenditures
Amount GENERAL	Ame PRIMARY	Date	Candidate/ Issue	Purpose	SCHEDULE B. Expanditures – This Reporting Period

C-6 (page 7)

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SCHEDULE B. Expenditures - This Reporting Period	Purpose	Candidate/	Date	Amount PRIMARY	unt GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee REQUIRED					
Name					
City, State, Zip Code		-			-
Name					<u>.</u>
Address			•		
City, State, Zip Code					
Name					·
Address		-			
City, State, Zip Code					
Name				_	
Address		_			
City, State, Zip Code		-			
Name					
Address					
City, State, Zip Code					
TOTAL EXPENDITURES	IDITURES THIS PA	THIS PAGE-INCLUDING PETTY C	PETTY CASH		
TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1.4.	CIOD Include all of Sc	hedule B (Sections 1	♣ in this total		467.66

C-6 (page 7)

04/06/2015 12:39

SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date incurred	Balance Due PRIMARY GENERAL
Name			
Address			
City, State, Zip Code			
Name			
Address			
City, State, Zip Code			
Name	,		
Address	•		
City, State, Zip Code			

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

As Originally Reported

Explain Correction

DATE

Originally Reported on SCHEDULE

IF ADDITIONAL PAGES ARE NEEDED. THIS FORM MAY BE REPRODUCED

C-6 (bage 8)

EXHIBIT 8

THE STATE OF MONTANA

#069 P.001/014

Helena, NT 59620-2401 COMMISSIONER OF POLITICAL PRACTICES WEBSITE: www.politicalpractices.mt.gov FAX NUMBER: 406-444-1643 Post Office Box 202401 1205 Eighth Avenue TELEPHONE: 406-444-2942



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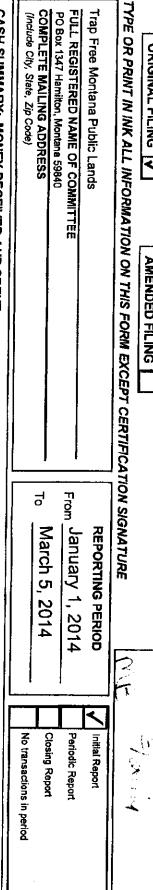
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FOR OFFICE USE ONLY Date Received and Postmark Date

FORM C-6 (Revised 04/08) POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING

AMENDED FILING



1. CASH IN BANK - Balance from previous report..... CASH SUMMARY: MONEY RECEIVED AND SPENT 6

EXPENDITURES - Total paid out this period from Schedule B..... CASH IN BANK - Ending balance this report..... CORRECTIONS - Addition or subtraction from Schedule D......(Circle: + or --) --Subtotal 1537.99 787.43 2325.42

CERTIFICATION

Deputy Treasurer

XC York

certify the foregoing report of campaign finances with

all attachments is complete and correct to the best of my knowledge, in accordance with Montana GodeAppotated 万坤 1分, chapter 37

Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Complissioner of Political Practices





SCHEDULE A. Receipts - This Reporting Period			=	In-Kind	Cash or Check	C-5 (page 2) Total to Date
1. Contributions Less Than \$35 Each	Each (Total)				266.99	266.99
2. Loans Creditor's <u>full name / complete</u> Mailing address <u>REQUIRED</u>	Occupation & Employer REQUIRED	Loan Date Required				
Name Address City, State, Zip Code	Occupation Employer					
Name Address City, State, Zip Code	Occupation Employer					
Name Address City, State, Zip Code	Occupation Employer					
nterest, Rebates, Refunds, Fu ther Miscellaneous Receipts	ndraisers, and (Describe)	Date Required				
None						
	TOTA	TOTAL RECEIPTS THIS PAGE	THIS PAGE		266.99	

A. Political Action Committee Contributions Committee's full registered name and complete malling address REQUIRED Registered Name Address City. State. Zip Code City. State. Zip Code Registered Name Address City. State. Zip Code	TOTAL RECEIPTS THIS PAGE	THIS PAGE		
Receipts – This Reporting Perlod (continued)		Description Value	Amount	Amount
	Date Received Required			
Registered Name	: :			
Address				
City, State, Zip Code				
	1			
Registered Name				
Address				
City, State, Zip Code	• • • • • • • • • • • • • • • • • • •			
Registered Name		***************************************		
Address		den i grada		
City, State, Zip Code		n television la		
	1			
Registered Name				
Address		the decision		
City, State, Zip Code		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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				Name Address City, State, Zip Code
			Date Required	Address City, State, Zip Code 7. Other Political Committee Contributions Full name and complete mailing address REQUIRED
			Date Required	Address City State 7 in Corfs 6. Incidental Committee Contributions Full name and complete mailing address REQUIRED
				Name Address City, State, Zip Code
				Name Address City, State, Zip Code
Total to Date Amount	Cash or Check Amount	In-Kind Description Value	Date Received Date	SCHEDULE A. Receipts – This Reporting Period (continued) 5. Political Party Committee Contributions Full name and complete mailing address REQUIRED

C-6 (page 4)

SCHEDULE A. Receipts – This Reporting Period (∞ntinued)		in-Kind Description Va	Value	Cash or Check Amount	Total to Date Amount
8. Corporate Contributions (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED for Independent Expenditures Only!	Date Received Required				
Name		•			
Address City, State, Zip Code					
Name					
Address City, State, Zip Code					
					8 9 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address	<u></u>	A.H.W.			
City, State, Zip Code					; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
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Address		441.7			
City, State, Zip Code					
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SCHEDULE A. Receipts - This Reporting Period (continued)	riod (continued)				:
9. Individual Contributors of \$35 or More			Kil	2	
REQUIRED	ON.		in-Kind	Cash or Check	Total to Date
1	Supation & employer	Description	Value	Amount	Amount
Mary Sarumi	Information Tech	Web design		783.43	1383 43
1417 10th Ave NW	Occupation		600 00		
Address Great Falls, MT 59404	self				
City, State, Zip Code	cirproyer				
Rhonda Lanier	Executive Assista			75.00	75 00
Name 202 Camino Corto	Occupation		nett bu ukk 194		
Address Visa, CA 92083	Employer				
City, State, Zip Code	1				
Valerie Beebe	Family Nurse Pa			50.00	50.00
PO Box 688	Occupation				1
Address Kila, MT 59920	Sunny View Ped				
City, State, Zip Code	1.4-2				
Sharona Gilbert	Administrative As			300.00	300.00
Name 1381 Otter Road	Occupation		7 *** 4.5 *******************************		
Address Helena, MT 59602	MI Dept of Envir	•			
City, State, Zip Code					
Michael Garrity	Environmentalist		1 1 1 1 1 1 1 1 1	50.00	50.00
Name Street Street	Occupation	·			
Address Helena, MT 5901	Alliance of the W				
City, State, Zip Code	li projec				
	TOTAL RECEIPTS THIS PAGE	THIS PAGE	600.00	1258.43	
Include ALL of Schedule A (Sections 1 – 9) in this total	RECEIPTS THIS REPORTING PERIOD ALL of Schedule A (Sections 1 – 9) in)D in this total			

			RIOD 9) in this total	REPORTING PERI A (Sections 1 – 9	TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in
	590.00		THIS PAGE	TOTAL RECEIPTS	
100.00	100.00			Medical Assista	Melissa Odom Name 4774 US Highway 93 S Address Darby, MT 59829 City, State, Zip Code
100.00	100.00			Photographer Occupation Self Employer	Michael Wickes Name 418 N Wallace Address Bozeman, MT 59715 City, State, Zip Code
40 00	40.00			Occupation Occupation	Rebecca Broader Name 1713 Howell Street Address Missoula, MT 59802 City, State, Zlp Code
100.00	100.00			info requested Occupation Employer	Leontine Davidson Name 6054 McPherson Ave Address St. Louis, MO 63112 City, State, Zip Code
250.00	250.00			retired Occupation Employer	Clayton Hall Name 11330 Bridger Canyon Road Address Bozeman, MT 59715 City, State, Zip Code
Total to Date Amount	Cash or Check Amount	n-Kind Value	In Description	ON upation & employer	9. Individual Contributors of \$35 or More <u>REQUIRED</u> : ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED</u> : Full name, complete mailing address, occupation & employer
				iod (continued)	SCHEDULE A. Receipts - This Reporting Period (continued)

TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total	TOTAL RECEIPTS THIS PAGE	Name Occupation Address Employer	Name Occupation Address City, State, Zip Code Employer	Susan Young refired stamp: Add Blodgett Camp Rd Occupation labels, Address Hamilton, MT 59840 City, State, Zip Code	Patricia Tompkins Name 1796 Red Lodge Creek Rd Address Roberts, MT City, State, Zip Code info requested Occupation Employer	Paul Griffin retired Name 1202 Hillside Lane Οccupation Address Bozeman, MT 59715 Επρίογει	al Contributors of \$35 or More ED: ONE NAME ONLY FOR EACH CONTRIBUTION ED: Full name, complete mailing address, occupation & employer
is total 697.37 🖊	PAGE 97.37 •			stamps, address labels, envelopes 97.37			In-Kind Description Value
2325.42	210.00				50.00	160.00	Cash or Check Amount
				97.37	50.00	160.00	Total to Date Amount

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155.52		PETTY CASH	TOTAL EXPENDITURES THIS PAGE-INCLUDING PE	TOTAL EXPE
7.78		2/8/14	envelopes, thank you cards	Walgreens Name 901 N 1st Address Hamilton, MT 59840 City, State, Zip Code
19.15		2/8/14	copying and retum address labels	Paper Clip Name 228 W Main Address Hamilton, MT 59840 City, State, Zlp Code
88.20		2/8/14	postage	US Post Office Name 150 N 4th St Address Hamilton, MT 59840 City, State, Zip Code
10.00		1/29/14	cell phone	Pure Talk Name Address puretalkusa.com City, State, Zip Code
30.39		1/16/14	checks Harland Clarke	First Security Bank Name PO Box 393 Address Hamilton, MT 59840 City, State, Zip Code
				2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>
Amount GENERAL	PRIMARY	Date	Purpose	SCHEDULE B. Expenditures – This Reporting Period 1. PETTY CASH Expenditures (TOTAL THIS PERIOD)

565.16	PETTY CASH	TOTAL EXPENDITURES THIS PAGE-INCLUDING PE	TOTAL EXPE
249.89	3/4/14	reimbursement Post Office box 70, registration business name 42.11, Open bank account 100.00, Facbook boost 30.00, Envelopes, stationary 7.78	Name PO Box 1137 Address Hamilton MT 59840 City, State, Zip Code
60.00	3/4/14	Spring Thaw event table	Ravalli County Fairgrounds Name 100 Old Corvallis Road Address Hamilton, MT 59840 City, State, Zip Code
56.74	2/5/14	business cards	Name 3640 Hacks Cross Road Address Memphis, TN 38125 City, State, Zip Code
75.28	2/20/14 2/21/14 2/25/14 2/28/14 3/5/14	postage 35.00 13.42 10.71 8.54 7.61	US Post Office Name 150 N 4th Address Hamilton, MT 59840 City, State, Zip Code
123.25	2/20/14 2/24/14	copying petitions 121.75	Paper Clip Name 228 W Main Address Hamilton, MT 59840 City, State, Zip Code
			2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>
Amount PRIMARY GENERAL	Date	Purpose	SCHEDULE B. Expenditures – This Reporting Period 1. PETTY CASH Expenditures (TOTAL THIS PERIOD)

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	SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount PRIMARY	unt GENERAL
	1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
,	2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
	PayPa1 Name	Fees	1/19/14-2/28/14		
	Address				56.75
	City, State, Zip Code				
	Pure Talk	monthly cell phone	2/28/14		
	Name				
	Address puretalkusa.com			•	10.00
	City Comos alp Cours				
	Name				·
	Address				
	City, State, Zip Code		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# 6 4 6 9 9 # F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5
	Name				
	Address		3		
	City, State, Zip Code				
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_	City, State, Zip Code				
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	IF ADDITIONA	ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE	Y BE REPRODUCED		
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					C-6 (page 7)
SCHEDULE B. Expenditures - This Reporting Period	Purpose	Candidate/ Issue	Date	Amount PRIMARY	unt GENERAL
3. independent Expenditures Full name and complete mailing address of each payee REQUIRED					
Name					
City, State, Zip Code					
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City, State, Zip Code					
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TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3)	NOD Include all of Sch	edule B (Sections 1 -	3) in this total	7	787.43

77:17:17:17:17:17:17:17:17:17:17:17:17:1					
Expenditures This Reporting Period	Purpose	Candidate/	Date	Amount PRIMARY	unt GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee REQUIRED					
Name					
Address					
City, State, Zip Code					
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Name			÷.		
Address	*******				
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C-6 (page 7)

			/o officeal and
SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date incurred	Balance Due PRIMARY GENERAL
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Name Address City, State, Zip Code			
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City, State, 2p Code			

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

As Originally Reported

Explain Correction

Originally Reported on SCHEDULE

FORM C-6 (Revised 04/08) COMMISSIONER OF POLITICAL PRACTICES TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE POLITICAL COMMITTEE FINANCE REPORT WEBSITE: www.politicalpractices.mt.gov FAX NUMBER: 406-444-1643 TELEPHONE: 406-444-2942 Helena, MT 59620-2401 Post Office Box 202401 1205 Eighth Avenue THE STATE OF MONTANA 5. CASH IN BANK - Ending balance this report..... 4. EXPENDITURES - Total paid out this period from Schedule B..... 3. CORRECTIONS - Addition or subtraction from Schedule D.......... 1. CASH IN BANK - Balance from previous report..... CASH SUMMARY: MONEY RECEIVED AND SPENT Trap Free Montana Public Lands all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Minotated Title 13 shapter 37 FULL REGISTERED NAME OF COMMITTEE COMPLETE MAILING ADDRESS PO Box 1347 Hamilton MT 59840 (Include City, State, Zip Code) KC York RECEIPTS -- Total received and deposited this period from Schedule A..... ORIGINAL FILING NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the AMENDED FILING Deputy Treasure CERTIFICATION Fog REPORTING PERIOD May 24, 2014 May 15, 2014 (Circle: + or --) certify the foregoing report of campaign finances with COMMISSIONER OF POLITICAL PRACTICES 95:1 CL 202 AW 1102 RECEIVED Date Received and Postmark Date FOR OFFICE USE ONLY I \$ 2621,95 himissioner of Political Practices 3397.03 3446.95 825.00 49.92 Periodic Report No transactions in period Closing Report initial Report

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SCHEDULE A. Receipts – This Reporting Period			in-Kind Description Value	Cash or Check Amount	Total to Date Amount
1. Contributions Less Than \$35 Each (Total)	(Total)			25.00	447.99
2. Loans Creditor's <u>full name / complete</u> Mailing address <u>REQUIRED</u>	Occupation & Employer REQUIRED	Loan Date Required			
Name Address City, State, Zip Code	Occupation Employer				
Name Address City, State, Zip Code	Occupation Employer				
Name Address City, State, Zip Code	Occupation Employer				
3. Interest, Rebates, Refunds, Fundralsers, and Other Miscellaneous Receipts (Describe)	alsers, and scribe)	Date Regulated			
	7074	L RECEIPTS	TOTAL RECEIPTS THIS PAGE	25.00	1

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Receipts – This Reporting Period (continued)		in-Kind Description Value	Cash or Check Amount	Total to Date Amount
4. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED	Date Received Required			
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Address				
City, State, Zip Code				
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TOTAL RECEIPTS THIS PAGE		Date Required	Date Required	Date Date Received
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C-6 (page 4)

Receipts This Reporting Period (continued)		In-Kind Description Value	Cash or Check Amount	Total to Date Amount
8. Corporate Contributions (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED for Independent Expenditures Only!	Date Received Required			
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			direction of the second	Employer	9725 Code	City, State, Zip Code
50.00	50.00		,	requested Occupation	man 8	Laura Wakeman Name PO Box 1258
1000.40		·		Occupation Self	VE NW	Neme 1417 10th Ave NW Address Great Falls, MT 59404 City, State, Zip Code
	in the second se			Employer	59840 Code	City, State, Zip Code
397.37	300.00			retired Occupation	g Camp Rd	Susan Young Name 460 Blodgett Camp Rd
Total to Date Amount	Cash or Check Amount	n-Kind Value	Description	טע: upation & employer	Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION: REQUIRED: Full name, complete mailing address, occupation & employer	9. Individual C REQUIRED: REQUIRED:
				'lod (continued)	A. Receipts – This Reporting Period (continued)	SCHEDULE A.

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7			Neme 150 N 4th St
	5/15/14	malling	US Post Office
			 All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>
			1. PETTY CASH Expenditures (TOTAL THIS PERIOD)
Amount PRIMARY GENERAL	Date	Purpose	SCHEDULE B. Expenditures - This Reporting Period
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SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Amount PRIMARY	nt GENERAL
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C-6 (page 7)

SCHEDULE B. Expenditures - This Reporting Period	Purpose	Candidate/ Issue	Date	Amount PRIMARY	unt GENERAL
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			C-b (page 8)
SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor REQUIRED	Purpose	Date Incurred	Balance Due PRIMARY GENERAL
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Address			
City, State, Zip Code			
Name			
Address			
City, State, Zip Code			
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City, State, Zip Code			

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report,

As Originally Reported

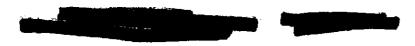
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EXHIBIT 10

THE STATE OF MONTANA TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE POLITICAL COMMITTEE FINANCE REPORT FORM C-6 (Revised 04/08) WEBSITE: www.politicalpractices.mt.gov FAX NUMBER: 406-444-1643 TELEPHONE: 406-444-2942 Helena, MT 59620-2401 Post Office Box 202401 COMMISSIONER OF POLITICAL PRACTICES 1205 Eighth Avenue 5. CASH IN BANK - Ending balance this report..... all attachments is complete and correct to the best of my knowledge, in accordance with Montana G 4. EXPENDITURES - Total paid out this period from Schedule B...... 2. RECEIPTS - Total received and deposited this period from Schedule A..... 1. CASH IN BANK - Balance from previous report..... CASH SUMMARY: MONEY RECEIVED AND SPENT Trap Free Montana Public Lands COMPLETE MAILING ADDRESS PO Box 1347 Hamilton MT 59840 FULL REGISTERED NAME OF COMMITTEE (Include City, State, Zip Code) KC York ORIGINAL FILING <u>NQTE</u>: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices. AMENDED FILING Deputy Treasure CERTIFICATION From June 19, 2014 ఠ July 5, 2014 REPORTING PERIOD , certify the foregoing report of campaign finances with Subtotal FOR OFFICE USE ONLY
Date Received and Postmark Date **辨997]狀** 13, chapter 37 . \$ 2931.32 s 5453.95 \$ 5323.95 *p* 2522.63 210.00 80.00 CONTINUES OF THE POLITICES Perfodic Repor 2014 JUL -7 A 7 34 No transactions in period Closing Report Initial Report DEVIEDED 1/29/14

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			Date Required	ndraisers, and (Describe)	3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)
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			Loan Date Required	Occupation & Employer REQUIRED	2. Loans Creditor's full name / complete Mailing address REQUIRED
706.92	25.00	office supplies 25.93		h (Total)	1. Contributions Less Than \$35 Each (Total)
Total to Date Amount	Cash or Check Amount	In-Kind Description Value			SCHEDULE A. Receipts – This Reporting Period
C-6 (page 2)					TYPE OR PRINT CLEARLY IN INK

4. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED Registered Name Address City. State, Zip Code City, State, Zip Code City, State, Zip Code	Date Received Required	iption Value	Amount	Amount
Address City, State, Zlp Code				
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					Name Address City, State, Zip Code
				Date Required	6. Incidental Committee Contributions Full name and complete mailing address REQUIRED
					Address City, State, Zip Code Name Address City State Zin Code
					Name Address City, State, Zip Code
				Date Recuired	5. Political Party Committee Contributions Full name and complete mailing address REQUIRED
Total to Date Amount	Cash or Check Amount	in-Kind ption Value	d Description	Date Received	SCHEDULE A. Receipts - This Reporting Period (continued)
C-6 (page 4)					THE OK PRINT CLEARLY IN INK

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		Date Received Required	8. Corporate Contribuitons (PAC's & Ballot Issues Only) Full name and malling address REQUIRED for Independent Expenditures Only! EXPERIMENTAL PROPERTY OF THE PROPERTY OF TH
Total to Date Amount	Cash or Check Amount	In-Kind Description Value	SCHEDULE A. Receipts - This Reporting Period (continued)
C-o (page 3)		277737777777	2777

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SCHEDULE A. Receipts - This Reporting Period (continued)	
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	210.00	n this total	REPORTING PERIOR A (Sections 1 - 9) in	Include ALL of Schedule A (Sections 1 - 9) in this total
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			Occupation Employer	Name Address City, State, Zip Code
			Occupation Employer	Name Address City, State, Zip Code
50.00	50.00		requested Occupation Employer	Monika Franzen Name PO Box 758 Address Florence MT 59833 City, State, Zip Code
35.00	35.00		Human Services Occupation State of Montana Employer	Name 623 E Broadway Address Helena, MT 59601 City, State, Zip Code
100.00	100.00		Mgt/Ed Consultar Occupation self Employer	Anne Martinez Name 80 Gannon Drive Address Great Falls, MT 59404 City, State, Zip Code
Total to Date Amount	Cash or Check Amount	In-Kind Description Value	ON Supation & employer	9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation & employer
·			riod (continued)	SCHEDULE A. Receipts - Inis Reporting Period (continued)

C-6 (page 5)

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amo PRIMARY	Amount GENERAL
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Expenditures This Reporting Period	Purpose	Candidate/	Date	Amount	unt
3. Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
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C-6 (page 7)

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Amount PRIMARY	umt
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
Name					
City, State, Zip Code					
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City, State, Zip Code					
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C-6 (page 7)

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SCHEDULE C. Debts and Loans Not Yet Paid	
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SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due PRIMARY GENERAL
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City, State, Zip Code			

SCHEDULE D.	Utilize this section to repo	SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reporte	ed on a prior report.
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6/4/14	6/10/14 for 5/25-6/5	omitted cell phone charges	PureTalk \$40 6/4/14
6/2/14	6/10/14 for 5/25-6/5	omitted facebook boost	facebook boost \$40 5/31

EXHIBIT 11

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 TELEPHONE: 406-444-2942 FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.ml.gov

FORM C-2 (Revised 06/12)

STATEMENT OF ORGANIZATION

TO BE FILED BY (Check One):	POLITICAL ACTION CO POLITICAL PARTY COM BALLOT ISSUE COMMITTE INCIDENTAL COMMITTE OTHER	MITTEE TTEE
ORIGINAL FILING	AMENDED FILING	

	FOR OFFICE USE ONLY Date Received and Postmark Date
	RECEIVED
2	115 FEB 1 1 P 2: 27
?	COMMISSIONER OF OLITICAL PRACTICES

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

FULL NAME OF COMMITTEE (Refer to Montana Code Annotated § 13	-37-210, Naming and Labeling Statut	re)
Trap Free Montana Public Lands		
COMPLETE MAILING ADDRESS PO Box 1347 Hamilton, MT 59840		
(Including City, State, Zip Code) COMPLETE STREET ADDRESS		
(Including City, State, Zip Code) Incorporated: (Check one) YES NO		
FULL NAME OF COMMITTEE TREASURER Dr. Shura Bugreef, DV	М	/
COMPLETE MAILING ADDRESS PO Box 1347 Hamilton, MT 59840 (Including City, State, Zip Code)		····
COMPLETE STREET ADDRESS (Including City, State, Zip Code)		
info@trapfreemt.org	406-218-1170	
E-Mail Address (Please Print) Home Telephone Number	Work Telephone Number	Facsimile Number
FULL NAME OF DEPUTY TREASURER(S), if any * KC York		
COMPLETE MAILING ADDRESS PO Box 1347 Hamilton, MT 59840 (Including City, State, Zip Code)		
COMPLETE STREET ADDRESS (Including City, State, Zip Code)		
Info@trapfreemt.org	406-218-1170	
E-Mail Address (Please Print) Home Telephone Number	Work Telephone Number	Facsimile Number * attach list if necessary
COMMITTEE ACCOUNT INFORMATION		
FULL NAME OF BANK First Security Bank		
COMPLETE ADDRESS 100 Main Street Hamilton MT 59840 (Including City, State, Zip Code)		
SECONDARY COMMITTEE ACCOUNT(S) INFORMATION, If any (a	ttach list if necessary)	
FULL NAME OF BANK		
COMPLETE ADDRESS	<u> </u>	
(Including City, State, Zip Code)		

ADDITIONAL OFFICERS (attach list if necessary)	
OFFICERS FULL NAME Mary Wulf	TITLE Deputy Treasurer
COMPLETE MAILING ADDRESS PO Box 1347 Hamilton MT 59840 (Including City, State, Zip Code)	
COMPLETE STREET ADDRESS (Including City, State, Zip Code)	
info@trapfreemt.org E-Mail Address (Please Print) Home Telephone Number	Work Telephone Number Facsimile Number
OFFICERS FULL NAME Mary Sarumi	TITLE Secondary Coordinator
COMPLETE MAILING ADDRESS PO Box 1347 Hamilton, MT 59840 (Including City, State, Zip Code)	
COMPLETE STREET ADDRESS (Including City, State, Zip Code)	406-218-1170
E-Mail Address (Please Print) Home Telephone Number	Work Telephone Number Facsimile Number
PURPOSE OF COMMITTEE and/or	SUPPORT OPPOSE DATE OF ELECTION
*	
NAME(S) OF CANDIDATE(S) or BALLOT ISSUE (S)	SUPPORT OPPOSE DATE OF ELECTION
	x 2016
CERTIFICATIO	
18 Joel Deputy	Decement 2/11/15
Officer's Signature Title	

For County, Municipal, or School committees only: Please check this box if contributions/expenditures will not exceed \$500. (If \$500 is exceeded, filing of campaign finance reports will be required.)

Notice: you must follow up with a signed hard copy to CPP. Delivery receipt of this form will appear in your email. For further guidance, contact CPP at (406) 444-2942. (Internet Explorer is recommended)

EXHIBIT 12

	\$ 2439.11		5. CASH IN BANK - Ending balance this report
	\$ 363.88		4. EXPENDITURES - Total paid out this period from Schedule B
_	\$	Subtotal	
) + 	(<u>Circle:</u> + or -) - \$	3. CORRECTIONS - Addition or subtraction from Schedule D
	\$ 1265.00	edule A	2. RECEIPTS - Total received and deposited this period from Schedule A
	\$ 1537.99		1. CASH IN BANK - Balance from previous report
			CASH SUMMARY: MONEY RECEIVED AND SPENT
No transactions in period	No S		(constant the code)
Closing Report	Clos	τ _o April 5, 2014	COMPLETE MAILING ADDRESS
Periodic Report	Pen	From March 5, 2014	FULL REGISTERED NAME OF COMMITTEE PO Box 1347 Hamilton MT 50840
Initial Report		REPORTING PERIOD	Trap Free Montana Public Lands
		CEPT CERTIFICATION SIGNATURE	TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE
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		ORT	PULITICAL COMMITTEE FINANCE REPORT
POLITICAL PRACTICES	11.170d		FORM C-6 (Revised 04/08)
PR 10 P 4:50	ZOTA APA		WEBSITE: www.politicalpractices.mt.gov
A CM	en a	o lex	Helena, MT 59620-2401 TELEPHONE: 406-444-2942 FAX NUMBER: 406-444-1643
SE ONLY Postmark Date	FOR OFFICE USE ONLY Date Received and Postmark Date		COMMISSIONER OF POLITICAL PRACTICES 1205 Eighth Avenue Post Office Box 202401

<u>NOTE</u>: Report <u>MUST BE SIGNED</u> by an officer whose name is on the Statement of Organization form on file in the office of the commissioner of Political Practices. Signature all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code

Deputy Treasurer

_, certify the foregoing report of campaign finances with

Affinotated its 13, chapter 37.

CERTIFICATION

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,	Sale of horse, people and dog treats for fair event to 55 people	Dog, horse and people treats for fair event	Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Name	City, State, Zip Code	Name	City, State, Zip Code	Name	Creditor's <u>full name</u> / <u>complete</u> <u>Mailing address</u> <u>REQUIRED</u>		1. Contributions Less Than \$35 Each /Total)	SCHEDULE A. Receipts – This Reporting Period	TYPE OR PRINT CLEARLY IN INK
TOTAL	air event to 55 people	nt	aisers, and scribe)	Employer	Occupation	Employer	Occupation	Employer	Occupalion		Occupation &	h (Total)		
RECEIPTS	3/15/14	3/15/14	Date Required							Date Reguired				
TOTAL RECEIPTS THIS PAGE	sold 1 bag horse treat, 5 plates & 4 bags people	5 plates suger cookies, 4 bags nobake											Description	•
30		30		And the state of t								VALUE	In-Kind	
130	49						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				81		Cash or Check Amount	
	49	30									81		Total to Date Amount	

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			,				
TOTAL	Registered Name Address City, State, Zip Code	Registered Name Address City, State, Zip Code	Registered Name Address City, State, Zip Code	Registered Name Address City, State, Zip Code	Registered Name Address City, State, Zlp Code	4. Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	SCHEDULE A. Receipts - This Reporting Period (continued)
TOTAL RECEIPTS THIS PAGE						Date Received Required	
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			-		Name Address
					Name Address City, State, Zip Code
				Date Received Required	8. Corporate Contribultons (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED for Independent Expenditures Only!
Total to Date Amount	Cash or Check Amount	in-Kind Value	In Description		Receipts - This Reporting Period (continued)
C-6 (page 3)				100000000000000000000000000000000000000	

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_	SCHEDIE E A					C-6 (page 4)
	Receipts - This Reporting Period (continued)	Date Received	ln Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
	5. Political Party Committee Contributions Full name and complete mailing address REQUIRED	Date				
			annum en			
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	Address					
т—	City, State, Zip Code					
	Name					
	Address					
	City, State, Zip Code					
	Name					
	Address					
_	City State 7th Cade					
	6. Incidental Committee Contributions Full name and complete mailing address BEOVIDEO	Date				
	To have and combete mailing aboress KEQUIKED	Required				
	Name					
	Address					
, 	City, State, Zip Code					
<u> </u>	7. Other Political Committee Contributions Full name and complete mailing address REQUIRED	Date Required				
	Name					
	Address					
	City, State, Zip Code					
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	135		THIS PAGE	TOTAL RECEIPTS T	
				Employer	City, State, Zip Code
				Occupation	Name
				Employer	City, State, Zip Code
8				Occupation	Name Address:
				Employer	City, State, Zip Code
 				Occupation	Name
				Employer	Hamilton, MT 59840 City, State, Zip Code
100	100			retired	Rebecca Lovejoy Name 206 Nighthawk Lane
				Employer	Address Helena, MT 59601 City, State, Zip Code
35	35			info requested	Jan Williams
Total to Date Amount	Cash or Check Amount	In-Kind Value	Ir Description	OTION & employer	9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation & employer
				Period (continued)	
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00	100			wildlife advocate Occupation NRDC Employer	Age W Babcock St # 31 Address Bozeman, MT 59178 City, State, Zip Code
150	150			dentistry Occupation MT Center for Las Employer	Lisa Colonna Name PO Box 4193 Address Whiterish, MT 59937 City, State, Zip Code
500	500 .			hotel mgt Occupation self Employer	Patti Pastor Name Box 243 Address Bigfork, MT 59911 City, State, Zlp Code
200	200			retired Occupation Employer	Bruce Desonia Name PO Box 561 Address Helena, MT 59624 City, State, Zip Code
50	50			reitred Occupation Employer	Stephen Gies Name 4041 Pine Cove Rd Address Billings, MT 59106 City, State, Zip Code
Total to Date Amount	Cash or Check Amount	In-Kind Value	Description	ON upation & employer	Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation & employer
C-6 (page 5)				riod (continued)	SCHEDULE A. Receipts - This Reporting Period (continued)

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74.20		PETTY CASH	TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY	TOTAL EXPE
				Name Address City, State, Zip Code
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25.25		4/1/14	noiion	Name Address City, State, Zip Code
10		3/28/14	cell phone	Name Address Puretalkusa.com City, State, Zip Code
10		3/3/14		Pure Talk Name Address puretalkusa.com City, State, Zip Code
				All Other Expenditures Full name and complete mailing address of each payee REQUIRED
Amount GENERAL	PRIMARY An	Date	Purpose	SCHEDULE B. Expenditures - This Reporting Period 1. PETTY CASH Expenditures (TOTAL THIS PERIOD)

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SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	PRIMARY	Amount
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
·US Post Office	postage	3/5/14		
Name 150 N 4th St				
Address Hamilton, MT 59840	,			7.61
City, State, Zip Code				
Costco	posters	3/15/14	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name 3220 N Reserve St	, i			
Address Missoula, MT 59808				11.98
City, State, Zip Code				
Walmart	frames	3/15/14		
Name 4000 Hwy 93 S	4			
Missoula, MT 59804				77.94
City, State, Zip Code				
Lewis & Clark Humane Society Fundraiser	attendance	3/15/14		
Name 1712 E Custer Ave				
Helena, MT 59602				45.00
Cily, State, Zip Code		,		8
Vistaprint	promotional materials	3/18/14		
Name 95 Hayden Ave				7
Address Lexington, MA 02421	£			213.15
City, State, Zip Code			115	
TOTAL EXPEN	EXPENDITURES THIS PAGE-INCLUDING PETT	ETTY CASH		289.68
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IF ADDITIONAL	TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3)	TOTAL EXPE	Address City, State, Zip Code	Name	Address City, State, Zip Code	Namo	City, State, Zip Code	Name	The same of the same	Address City, State, Zip Code	Name	Address City, State, Zip Code	Name	 Independent Expenditures Full name and complete mailing address of each payee REQUIRED 	SCHEDULE B. Expenditures – This Reporting Period
IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE RE	RIOD include all of Sch	TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY													Purpose
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SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Am, PRIMARY	Amount GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
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Address					
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Address					
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TYPE OR PRINT CLEARLY IN INK				C-6 (page 8)
SCHEDULE C. Debts and Loans Not Yet Paid	Yet Paid			o o (bage o)
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Ba PRIMARY	Balance Due RY GENERAL
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Address				
City, State, Zip Code				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Name				
Address				
City, State, Zip Code				•
21				
		4	•••	
Address				
Cily, State, Zip Code				
SCHEDULE D. Utilize this section to report	Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.	orted on a prior rep	्रा,	
Originally Reported on SCHEDULE	As Originally Reported		Explain Correction	ction





To: Commissioner of Political Practices

Fax number: 406-444-1643

From: KC York

Fax number 406.363.7287

Date: 1/17/2014

Regarding: Form C-2

Phone number for follow-up:

406-360-9095

Comments:

Please find attached Form C-2, Statement of Organization.

I, KC York, coordinator for the Ballot Issue Committee, Trap Free Montana Public Lands, will also be a deputy treasurer and the point of contact.

Thank you for all your assistance!

KC

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 TELEPHONE: 406-444-2942 FAX NUMBER: 406-444-1643

WEBSITE: www.politicalpractices.mt.gov

FORM C-2 (Revised 06/12)

STATEMENT OF ORGANIZATION

TO BE FILED BY (Check One):	
•	POLITICAL ACTION COMMITTEE
	POLITICAL PARTY COMMITTEE
	BALLOT ISSUE COMMITTEE
	INCIDENTAL COMMITTEE
	OTHER

FOR OFFICE USE ONLY Date Received and Postmark Pets RECEIVED UNI JAN 17 P 4: 44 COMMISSIONER OF POLITICAL PRACTICES
--

ORIGINAL FILING

/	

AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

FULL NAME OF COMMITTEE (Refer to Montana Code Annotated § 13	-37-210, Naming and Labeling Statute	=)
Trap Free Montana Public Lands		-
COMPLETE MAILING ADDRESS PO Box 1347 Hamilton, MT 5984	n	
(Including City, State, Zip Code)		
COMPLETE STREET ADDRESS (Including City, State, Zip Code)		
11		
Incorporated: (Check one) YES - NO	· · · · · · · · · · · · · · · · · · ·	·
FULL NAME OF COMMITTEE TREASURER Dr. Shura Bugraef, DV	M .	
COMPLETE MAILING ADDRESS PO Box 1347 Hamilfon MT 59840)	
(Including City, State, Zip Code) COMPLETE STREET ADDRESS same		
(Including City, State, Zip Code)		
info@trapfreemt.org	406-360-9095 Work Telephone Number	Facsimile Number
E-Mail Address (Please Print) Home Telephone Number	vvork i elephone Number	
FULL NAME OF DEPUTY TREASURER(S), if any * KC York COMPLETE MAILING ADDRESS PO Box 1347 Hamilton MT 59840	Point of Contact; Coordinator,resp	ponsible for records & reporting
(Including City, State, Zip Code)		,
COMPLETE STREET ADDRESS (Including City, State, Zip Code)		
info@trapfreemt.org	406-360-9095	Facsimile Number
E-Mail Address (Please Print) Home Telephone Number	Work Telephone Number	* attach list if necessary
COMMITTEE ACCOUNT INFORMATION		
FULL NAME OF BANK First Security Bank		
COMPLETE ADDRESS 100 Main Street Hamilton, Montana 59840 (Including City, State, Zip Code)		
SECONDARY COMMITTEE ACCOUNT(S) INFORMATION, if any	(attach list if necessary)	
FULL NAME OF BANK		
COMPLETE ADDRESS	·	
(Including City, State, Zip Code)		

ADDITIONAL OFFICERS (attach flat if necessary)		*
OFFICERS FULL NAME Mary Wulff	TITLE _de	puty treasurer
COMPLETE MAILING ADDRESS PO Box 1347 Hamilton, Montana 5984 (Including City, State, Zip Code)	40	
COMPLETE STREET ADDRESS		
(Including City, Stats, Zip Code)		
E-Mail Address (Please Print) Home Telephone Number	Work Telephone Number	Facsimile Number
OFFICERS FULL NAME Mary Sarumi		econdary Coordinator
COMPLETE MAILING ADDRESS PO Box 1347 Hamilton, Montana 598 (Including City, State, Zip Code)	40	
COMPLETE STREET ADDRESS (Including City, State, Zip Code)		
Info@trapfreemt.org E-Mail Address (Please Print) Home Telephone Number	Work Telephone Number	Facsimile Number
E-man Address (Floate Film)		
PURPOSE OF COMMITTEE and/or	SUPPORT OPPOSE	DATE OF ELECTION
•		
	SUPPORT OPPOSE	DATE OF ELECTION
NAME(S) OF CANDIDATE(S) or BALLOT ISSUE (S)	SUPPORT OPPOSE	DATE OF ELECTION
Montana Trap-Free Public Lands Act	yes	11/04/2014
CERTIFICATIO	<u> </u>	
I hereby verify that the foregoing statem	ents are true and correct.	
deputy treasurer/coo	rdinator 01/17/2	014
Officer's Signature Title	L/ale	<u> </u>

For County, Municipal, or School committees only: Please check this box if contributions/expenditures will not exceed \$500. (If \$500 is exceeded, filing of campaign finance reports will be required.)

KC York

THE STATE OF MONTANA

FAX NÜMBER: 406-444-1643 Post Office Box 202401 1205 Eighth Avenue COMMISSIONER OF POLITICAL PRACTICES TELEPHONE: 406-444-2942 Helena, MT 59620-2401

CAXED:

FOR OFFICE USE ONLY
Date Received and Postmerk Date

RECEIVED

2014 WAY 19 P 4: 49

WEBSITE: www.politicalpractices.rnt.gov

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE POLITICAL COMMITTEE FINANCE REPORT FORM C-6 (Revised 04/08) Trap Free Montana Public Lands ORIGINAL FILING AMENDED FILING

FULL REGISTERED NAME OF COMMITTEE

From May 6, 2014

Periodic Report Closing Repor

Initial Report

No transactions in period

REPORTING PERIOD

May 14, 2014

PO Bex 1347 Hamilton MT 59840 COMPLETE NAILING ADDRESS (Include City, State, Zip Code,

][
\$ 2621.95	5. CASH IN BANK - Ending balance this report	Ću
\$ 17.23	4. EXPENDITURES - Total paid out this period from Schedule B	4.
\$ 2639.18	Subtotal	
52	3. CORRECTIONS Addition or subtraction from Schedule D	ږند
\$ 300.00	2. RECEIPTS - Total received and deposited this period from Schedule A	Ņ
\$ 2339.18	1. CASH IN BANK - Balance from previous report	
	CASH SUMMARY: MONEY RECEIVED AND SPENT	

CERTIFICATION

deputy treasure certify the foregoing report of campaign finances with

all attachments is complete and correct to the best of my knowledge, in accordance with Montana Co Tige 13, chapter 37,

<u>NOTE</u>: Report <u>MUST BE SIGNED</u> by an officer whose name is on the Statement of Organization form on file in the office of ty

ly/Commissioner of Political Practices

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		3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describs)	Name Oc Address City, State, Zip Cods	Name Oc Address City, State, Zip Code	Nume Oc Address En	2. Loans Creditor's full name / complete Mailing address REQUIRED	1. Contributions Less Than \$35 Each (Total)	Receipts - This Reporting Period	
IF ADDITIONAL F	7074	ers, and be)	Occupation	Occupation Employer	Occupation Employer	Occupation & Employer REQUIRED	rotal)		
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							422.99	Total to Date Amount	C-6 (page 2)

Receipts - This Reporting Period (continued)		in-Kind Description Value	Cash or Check Amount	Total to Date Amount
Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	Pate Received Required			
Registered Name				
City State Zin Code				-
				
Registered Name				
Address				
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Address				
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City, State, Zip Code				
Registered Name	<u> </u>		,	
Address				
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	,			
Receipts This Reporting Period (continued)	Date Received	ft-Kind Description Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED	Date			
Rane				
Address			-	
Cky, State, Zip Code	,			
Name				
Address				_
City, State, Zp Code				
Name				
Address				
City Shala 7in Carla				
Incidental Committee Contributions Full hame and consider malling address BEO///BEO	Date			
	and the			
Name				
Address				
City, State, Zip Code				
7. Other Political Committee Contributions Full name and complete mailing address REQUIRED	Date			
Name				
Address				
City, State, Zip Code				
TOTAL	TOTAL RECEIPTS	THIS PAGE	0	
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IF ADDITION	TOTAL RECEIPTS THIS REPORTING PERIOD Include ALL of Schedule A (Sections 1 - 9) in this total		Name Address City, State, Zip Code	Name Address City, State, 2lp Code	Name Nercury Address MT 59701 City, State, Zip Code	Ron Kullick Name PO Box 2217 Address Hamilton MT 59840 City, State, Zip Code	Ivy Merriot Name 1302 Wildflower Way Address Bozeman MT 59715 City, State, Zip Code	9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation & employer	SCHEDULE A. Receipts - This Reporting Period (continued)
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				C-8 (page s)
SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount PRIMARY	D N
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				0
All Other Expenditures Full name and complete mailing address of each payee REQUIRED				
US Post Office	Mailings	5/14/14		
YEO'N 4TH				
Address Hamilton MT 59840 City. State, Zip Code				14.03
Paypel	service charge	5/10/14		
Name				
City, Sierie, Zin Corde				5
Name				
Address			···•	
City, State, Zip Code				
Name				
Address				
City, State, Zip Code		•	***************************************	
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City, State, 2h Code				-1-T-14-0
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SCHEDULE 8. Expenditures - This Reporting Period	Purpose	Candidate/	Date	Amount PRIMARY	unt GENERAL
 Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u> 					
2010					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
Name					
Address					
City, State, Zip Code					
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Name					
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City, State, Zip Code					
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Expenditures – This Reporting Period 4. Corporate Independent Expenditures Full name and complete mailing address	Purposa	Candidate/ Issue	Date	Amount PRMARY
ruil name and complete mailing address of each payee <u>REQUIRED</u>				
				and the same of the same
Name	•			
Address	٩			
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Name				
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IF ADDITIONAL	F ADDITIONAL PAGES ARE NEEDED THIS FORM MAY BE REDRO	THE COUNTY		(Lauren)

C-6 (page

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

As Originally Reported

Explain Correction

DATE

Originally Reported on SCHEDULE

TYPE OR PRINT CLEARLY IN INK

SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due PRIMARY GENERAL
Name			-
Address			-
City, State, Zip Code			• • •
Name			
Address			
City, State, Zip Code			_
Name			
Address			
City, State, Zip Code		•	

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THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES	FOR OFFICE USE ONLY Date Received and Postmark Date
1205 Eighth Avenue Post Office Box 202401	RECEIVED
1,2942	
WEBSITE: www.politicalpractices.mt.gov	POLITICAL PRACTICES
FORM C-6 (Revised 04/08)	The state of the s
POLITICAL COMMITTEE FINANCE REPORT	
ORIGINAL FILING AMENDED FILING	
TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE	
Trap Free Montana Public Lands	Initial Report
FULL REGISTERED NAME OF COMMITTEE From Service 18 2014 From 18 2014	Closing Report
COMPLETE MAILING ADDRESS (Include City, State, Zip Code)	No transactions in period
CASH SUMMARY: MONEY RECEIVED AND SPENT	
1. CASH IN BANK - Balance from previous report.	\$ 5504.76

5. CASH IN BANK - Ending balance this report..... 4. EXPENDITURES - Total paid out this period from Schedule B..... all attachments is complete and correct to the best of my knowledge, in accordance with Montana KC York RECEIPTS - Total received and deposited this period from Schedule A....... NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Cophnissioner of Political Practices Deputy Treasurer CERTIFICATION \$ 265.81 certify the foregoing report of campaign finances with Subtotal Winotaled Title 13, chapter 37. \$ 5589.76 5323.95 85.00

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				Loan Date Required	Occupation & Employer REQUIRED	2. Loans Greditor's full name / complete Mailing address REQUIRED
655.99	85	98	stamps		h (Total)	1. Contributions Less Than \$35 Each (Total)
Total to Date Amount	Cash or Check Amount	In-Kind Value	In- Description			SCHEDULE A. Receipts – This Reporting Period
C-6 (page 2)						TYPE OR PRINT CLEARLY IN INK

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				Date Received <u>Required</u>	4. Political Action Committee Contributions Committee's full registered name and complete mailing address REQUIRED
Total to Date Amount	Cash or Check Amount	in-Kind Value	Description		SCHEDULE A. Receipts - This Reporting Period (continued)

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

C-8 (page 3)

				/c effectl a.e.
SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	in-Kind Description Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address REQUIRED	Date Required			
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CIN State 7in Carle				
 Incidental Committee Contributions Full name and complete mailing address REQUIRED 	Date Required			
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Address.				
City, State, Zip Code				
7. Other Political Committee Contributions	Date			
I OH I SELLE SHIR VALIDAÇÃO HISIMINA READTOSS 7 N GOYNES				
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C-6 (page 4)

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SCHEDULE A. Receipts - This Reporting Period (continued)		in-Kind Description Value	Cash or Check Amount	Total to Data Amount
8. Corporate Contribuitons (PAC's & Ballot Issues Only) Full name and mailing address REQUIRED for Independent Expenditures Only!	Date Received Required			
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Total to Date Amount	Cash or Check Amount	In-Kind Value	Description	upation & employer	9. Individual Contributors of \$35 or More <u>REQUIRED</u> : ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED</u> : Full name, complete mailing address, occupation & employer
				iod (continued)	SCHEDULE A. Receipts - This Reporting Period (continued)

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			City, State, Zip Code
			Address Hamilton MT 59840
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	2.10	postage	USPS
			City, State, Zip Code
100.00			Address Missoula, MT 59802
255 68			2755 Lincoln Hills
	6/11/14	office supplies, copying, mailing, mileage 6/11/14	Tom Gignoux
		-	City, State, Zip Code
1,03			Address
}			Name
	6/14/14	transaction fees	РауРаі
			All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>
			1. PETTY CASH Expenditures (TOTAL THIS PERIOD)
Amount GENERAL	Date	Purpose	SCHEDULE B. Expenditures - This Reporting Period
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C-6 (page 6)

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	***				 Independent Expenditures Full name and complete mailing address of each payee REQUIRED
Amount GENERAL	PRIMARY	Date	Candidate/ Issue	Purpose	SCHEDULE B. Expenditures – This Reporting Period
C-6 (page 7)					TYPE OR PRINT CLEARLY IN INK

C-6 (page 7)

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/	Date	Amount PRIMARY GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
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SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.

As Originally Reported

Explain Correction

Originally Reported on SCHEDULE

TYPE OR PRINT CLEARLY IN INK

IYPE OR PRINT CLEARLY IN INK		-	C-6 (page 8)
SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor REQUIRED	Purpose	Date Incurred	Balance Due PRIMARY GENERAL
Name			
City, State, Zip Code			
Name			
Address			•
City, State, Zip Code			
Name			
Address			
City, State, Zip Code	2.20		

FORM C-6 (Revised 04/08) WEBSITE: www.politicalpractices.mt.gov COMMISSIONER OF POLITICAL PRACTICES FAX NUMBER: 406-444-1643 TELEPHONE: 406-444-2942 Helena, MT 59620-2401 Post Office Box 202401 1205 Eighth Avenue THE STATE OF MONTANA TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE POLITICAL COMMITTEE FINANCE REPORT all attachments is complete and correct to the best of my knowledge, in accordance with Montana Coge 2. RECEIPTS - Total received and deposited this period from Schedule A..... 1. CASH IN BANK - Balance from previous report..... CASH SUMMARY: MONEY RECEIVED AND SPENT FULL REGISTERED NAME OF COMMITTEE Trap Free Montana Public Lands PO Box 1347 Hamilton, MT 59840 COMPLETE MAILING ADDRESS (Include City, State, Zip Code) KC York CASH IN BANK - Ending balance this report..... EXPENDITURES - Total paid out this period from Schedule B..... ORIGINAL FILING <u>NOTE</u>: Report <u>MUST BE SIGNED</u> by an officer whose name is on the Statement of Organization form on file in the office of the Commi AMENDED FILING Deputy Treasurer CERTIFICATION ᇦ From July 6, 2014 August 5, 2014 REPORTING PERIOD Signature , certify the foregoing report of campaign finances with Subtotal suppliated File 137 chapter 37 Date Received and Postmark Date FOR OFFICE USE ONLY \$ 2522.63 \$ 1768.86 753.77 Spioner of Political Practices. Periodic Report Closing Report No transactions in period Initial Report

TOTAL RECEIPTS THIS PAGE		3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe) Required	Name Occupation Address Employer	Name Occupation Address Employer	Name Occupation Address City, State, Zip Code Employer	2. Loans Creditor's full name / complete Employer Date Mailing address REQUIRED Required	1. Contributions Less Than \$35 Each (Total)	receipts - This reporting remod
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	Date Required	6. Incidental Committee Contributions Full name and complete mailing address REQUIRED
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		only charge the code
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		Address
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	Date Regulred	5. Political Party Committee Contributions Full name and complete mailing address REQUIRED
In-Kind Cash or Check Description Value Amount	Date Received	SCHEDULE A. Receipts - This Reporting Period (continued)

SCHEDULE A. Receipts - This Reporting Period (continued)		In-Kind Description Value	Cash or Check Amount	Total to Date Amount
8. Corporate Contribultons (PAC's & Ballot Issues Only) Full name and mailing address. REQUIRED for Independent Expenditures Only!	Date Received <u>Required</u>			
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Include ALL of Schedule A (Sections 1 – 9) in this total	TOTAL RECEIPTS THIS PAGE 0	City, State, Zip Code Decupation	Name Occupation Address Employer	Name Occupation Address City, State, Zip Code Employer	Name Occupation Address City, State, Zip Code Employer	Name Occupation Address City, State, Zip Code Employer	9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation & employer Description Value Cash Ar	Control of the reporting region (continued)
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IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount PRIMARY	nt GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
Labor Ready Northwest Inc	Signature gathering 6/6/14 for			
Nems "A" Street	6/7/14 for RC \$29.58, LJ \$73.95, GF	//8/14		
402	\$73.95, AW \$73.95, RD \$88.74, JM \$88.74		G	\$510.26
	6/9/14 for JM \$29.58			
Labor Ready Northwest inc	Signature gathering 6/14/14 for			
Name 1015 "A" Street	118.32, NE 118.32, FB 118.32, GM	7/16/14	,	3
402	118.32, JI 118.32, JI 118.32, FJ 118.32, CA 118.32		- U	\$1242.36
)L 14.79, JH 14.			
USPS	postage	7/9/14		
Name 150 N 4th St			9	Š
Address Hamilton MT 59840			<u>&</u>	\$0.24
City, State, Zip Code				
Pure Talk	cell phone	8/3/14		
Name				
Address			ક્ત	\$10.00
City, State, Zip Code				
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SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Amount PRIMARY	unt GENERAL
 Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u> 					
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TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 - 3) in this total	RIOD Include all of Sci	nedule B (Sections 1 -	3) in this total		1768.86

SCHEDULE B. Expenditures - This Reporting Period	Purpose	Candidate/ Issue	Date	Amount PRIMARY	ant GENERAL
4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>					
Name					
Address					
City. State, Zip Code					
Name					
Address					
City, State, Zip Code					
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Explain Correction		As Originally Reported	DATE SCHEDULE
ort.	rted on a prior report	SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported o	SCHEDULE D. Utilize this section to report corre
			City, State, Zip Code
-			Address
			Name
			City, State, Zip Code
			Address
			Name
			City, State, Zlp Code
			Address
			Name
Balance Due PRIMARY GENERAL	Date incurred	Purpose	Full name and complete mailing address of each creditor <u>REQUIRED</u>
		aid	SCHEDULE C. Debts and Loans Not Yet Paid

FORM C-6 (Revised 04/08) WEBSITE: www.politicalpractices.mt.gov Post Office Box 202401 COMMISSIONER OF POLITICAL PRACTICES TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE POLITICAL COMMITTEE FINANCE REPORT FAX NUMBER: 406-444-1643 TELEPHONE: 406-444-2942 Helena, MT 59620-2401 1205 Eighth Avenue THE STATE OF MONTANA 3, CORRECTIONS - Addition or subtraction from Schedule D..... all attachments is complete and correct to the best of my knowledge, in accordance with Montana Cod CASH IN BANK – Balance from previous report. CASH SUMMARY: MONEY RECEIVED AND SPENT FULL REGISTERED NAME OF COMMITTEE Trap Free Montana Public Lands COMPLETE MAILING ADDRESS (Include City, State, Zip Code) PD Box 1347 Hamilton MT 59840 KC York EXPENDITURES - Total paid out this period from Schedule B..... CASH IN BANK - Ending balance this report... RECEIPTS - Total received and deposited this period from Schedule A...... ORIGINAL FILING <u>NOTE</u>: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the formmissioner of Political Practices AMENDED FILING deputy treasure CERTIFICATION From August 6, 2014 7 September 5, 2014 REPORTING PERIOD (Circle: + or -) certify the foregoing report of campaign finances with Subtotal mnotated Title 13, chapter 37 Date Received and Postmark Date FOR OFFICE USE ONLY \$ 210.00 \$ 753.77 co 543.77 753.77 0 Periodic Report 2011 公 10 12 1:24 No transactions in period Closing Report Initial Report

Occupation 8 I can William III III III III III III III III III I
1. Contributions Less Than \$35 Each (Total)
Receipts - Inis Reporting Period Amount Amount Description Value

C-6 (page 2)

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					Registered Name
				<u>I</u>	Address City, State, Zip Code
					Registered Name
				Date Received Required	4. Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>
Total to Date Amount	Cash or Check Amount	In-Kind Value	ir Description		SCHEDULE A. Receipts – This Reporting Period (continued)

C-5 (page 3)

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				Date Required	7. Other Political Committee Contributions Full name and complete mailing address REQUIRED
					Name Address City, State, Zip Code
				Date Required	6. Incidental Committee Contributions Full name and complete mailing address REQUIRED
				-	Name Address City, State, Zip Code Name Address City, State, Zip Code Name Address City, State, Zip Code
				Date Required	5. Political Party Committee Contributions Full name and complete mailing address REQUIRED
Total to Date Amount	Cash or Check Amount	in-Kind Value	Description	Date Received	SCHEDULE A. Receipts - This Reporting Period (continued)

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			Date ////////////////////////////////////	8. Corporate Contribuitons (PAC's & Ballot Issues Only)
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Total to Date	Cash or Check	In-Kind		SCHEDULE A.

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Amount	Amount	y Value	Description	supation & employer	REQUIRED: Full name, complete mailing address, occupation & employer
Total to Date	Cash or Check	in-Kind			9. Individual Contributors of \$35 or More
				riod (continued)	SCHEDULE A. Receipts - This Reporting Period (continued)

C-6 (page 5)

Expenditures – This Reporting Period	Purpose	Date	Amount PRIMARY	ount GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
 All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u> 				
Montana Secretary of State	File transfer service	8/15/14		
PO Box 202801				
Address Helena MT 59620			····	200.00
City, State, Zip Code				
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Náme				
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					Name Address City, State, Zip Code
					Name Address City, State, Zip Code
					 Independent Expenditures Full name and complete mailing address of each payee REQUIRED
Amount GENERAL	Am PRIMARY	Date	Candidate/	Purpose	SCHEDULE B. Expenditures – This Reporting Period

C-6 (page 7)

IF ADDITIONA	TOTAL EXPENDITURES THIS REPORTING PERIOD	TOTAL EXPE	Name Address City, State, Zip Code City, State, Zip Cods City, State, Zip Cods City, State, Zip Code Name Address City, State, Zip Code Oliy, State, Zip Code City, State, Zip Code Oliy, State, Zip Code Address City, State, Zip Code	4. Corporate Independent Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>	SCHEDULE B. Expenditures – This Reporting Period
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C-6 (page 7)

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SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due PRIMARY GENERAL
Name			
Address			
City, State, Zip Code			
		-	
Name			
Address			
City, State, Zip Code			_
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Name			
			•
Address			

SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report. DATE Originally Reported on SCHEDULE As Originally Reported Explain Correction

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA

FAX NUMBER: 406-444-1643 Helena, MT 59620-2401 TELEPHONE: 406-444-2942 Post Office Box 202401 1205 Eighth Avenue COMMISSIONER OF POLITICAL PRACTICES WEBSITE: www.politicalpractices.mt.gov



FOR OFFICE USE ONLY Date Received and Postmark Date RECEIVED

2014 OCT 17 P 4: 30

COMMISSIONER OF POLITICAL PRACTICES

FORM C-6 (Revised 04/08) POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING

AMENDED FILING

Trap Free Montana Public Lands	REPORTING PERIOD	Initial Report
FULL REGISTERED NAME OF COMMITTEE	From Sept 6, 2014	Periodic Report
PO Box 1347 Hemilton MT 59840	Ostaber 15 2011	Clasing Report
COMPLETE MAILING ADDRESS	To October 15, 2014	
(include City, State, Zip Code)		No transactions in period
CASH SUMMARY: MONEY RECEIVED AND SPENT		
1. CASH IN BANK - Balance from previous report	\$ 543.77	3.77
2. RECEIPTS - Total received and deposited this period from Schedule A	\$ 0	
3. CORRECTIONS - Addition or subtraction from Schedule D (Circle: +	(Circle: + or) - \$ 0	
	Subtotal \$ 543.77	3.77
4. EXPENDITURES - Total paid out this period from Schedule B	 I	10.00
5. CASH IN BANK - Ending balance this report	\$ 533.77	33.77

CERTIFICATION

all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code A KC York Deputy Treasurer _, certify the foregoing report of campaign finances with Amptated Title 13, chapter 37

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the commissioner of Political Practices.



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		THIS PAGE 26.00	TOTAL RECEIPTS THIS PAGE	TOTA	
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			Date Required	raisers, and esc <i>ribe</i>)	3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)
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				Occupation	Name
				Employer	Address City, State, Zip Code
	- 1			Occupation	Name
				Employer	Address City, State, Zip Code
				Occupation	Name
			Loan Date Reguired	Employer REQUIRED	Creditor's full name / complete Mailing address REQUIRED
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Amount	Amount	Description Value			Receipts – This Reporting Period
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SCHEDULE A. Receipts – This Reporting Period (continued)		In- Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
 Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u> 	Date Received <u>Recuired</u>				
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Registered Name					
Address					
City, State, Zip Code	. •				
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Total to Date Amount	Cash or Check Amount	Description Value		SCHEDULE A. Receipts – This Reporting Period (continued)

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Total to Date Amount	Cash or Check Amount	h-Kind Value	l) Description	ON upation & employer	9. Individual Contributors of \$35 or More REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION REQUIRED: Full name, complete mailing address, occupation & employer
				ri od (continued)	SCHEDULE A. Receipts - This Reporting Period (continued)

C-6 (page 5)

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Amount GENERAL	PRIMARY	Date	Purpose	SCHEDULE B. Expenditures – This Reporting Period

C-6 (page 6)

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10.00																			Amount GENERAL

C-6 (page 7)

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C-6 (page 7)					TYPE OR PRINT CLEARLY IN INK

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SCHEDULE C. Debts and Loans Not Yet Paid			
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balance PRIMARY
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SCHEDULE D. Utilize this section to repo	SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.	ted on a prior report.
Originally Reported on SCHEDULE	As Originally Reported	Explain Correction

SCHEDULE C. Debts and Loans Not Yet Paid			
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C-6 (page 8)

THE STATE OF MONTANA

FOR OFFICE USE ONLY
Date Received and Postmark Date

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RECEIVED

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov

FORM C-6 (Revised 04/08)

POLITICAL COMMITTEE FINANCE REPORT	EE FINANCE REPORT	
ORIGINAL FILING	AMENDED FILING	
TYPE OR PRINT IN INK ALL INFOR	TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE	
Trap Free Montana Public Lands	REPORTING PERIO	OD
FULL REGISTERED NAME OF COMMITTEE PO Box 1347 Hamilton, MT 59840	From	Closing Report
COMPLETE MAILING ADDRESS (Include City, State, Zip Code)	To Copy 2, 20 12	
CASH SUMMARY: MONEY RECEIVED AND SPENT	IVED AND SPENT	
1. CASH IN BANK - Balance from	1. CASH IN BANK Balance from previous report	•
2. RECEIPTS - Total received and	2. RECEIPTS - Total received and deposited this period from Schedule A	į
3. CORRECTIONS – Addition or su	CORRECTIONS - Addition or subtraction from Schedule D (Circle: + or	<u>.</u>
	ઙ	Subtotal \$ 946.06
4. EXPENDITURES - Total paid out this period from Schedule	t this period from Schedule B	:
5. CASH IN BANK - Ending balance this report		\$ 806,92

CERTIFICATION

TCasure , certify the foregoing report of campaign finances with

all attachments is co. hplete and correct to the best of my knowledge, in accordance with Montana Code Appetated Title 13, chapter 37

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Confinissioner of Political Practices

Signature

	193,00	THIS PAGE	TOTAL RECEIPTS THIS PAGE	707,	
	178.00		/19/15-5/30/1	6 shipping at \$3	Mis Fundraiser sales 8 at \$20 each plus 6 shipping at \$3
			Date Required	ndraisers, and (Describe)	 Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)
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				Occupation Employer	Name Address City, State, Zip Code
				Occupation Employer	Name Address City, State, Zip Code
			Loan Date Required	Occupation: & Employer REQUIRED	2. Loans Creditor's <u>full name / complete</u> Mailing address REQUIRED
33,00	15.00	postage 18.00		h (Total)	1. Contributions Less Than \$35 Each (Total)
Total to Date Amount	Cash or Check Amount	In-Kind Description Value			SCHEDULE A. Receipts This Reporting Period
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C-6 (page 2)

TOTA	Registered Name Address City, State, Zip Code Registered Name Address City, State, Zip Code	Registered Name Address City, State, Zip Code	City, State, Zip Code Registered Name Address City, State, Zip Code	Registered Name Address	 Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u> 	SCHEDULE A. Recelpts — This Reporting Period (continued)
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C-6 (page 4)

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SCHEDULE A. Receip	SCHEDULE A. Receipts - This Reporting Period (continued)	riod (continued)				
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C-6 (page 5)

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C-6 (page 6)

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4/2/14

C-6 3/5-4/5/14 Sch B

4/4/14

C-6 3/5-4/5/14 Sch B

Missed reporting Pure Talk celiphone chrg \$10.00

expense \$10.00

expense \$14.95

Missed facebook boost debit chrg \$14.75

Missed debit charge for postage \$1.95

As Originally Reported

Explain Correction

expense \$1.95

3/10/14

C-6 3/5-4/5/14 Sch B

DATE

Originally Reported on SCHEDULE

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SCHEDULE C. Debts and Loans Not Yet Paid			
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Address			_
City, State, Zip Code			
Name			
Address			
City, State, Zip Code			

3/2/15 6/2/14 SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report. DATE Originally Reported on SCHEDULE C-6 5/25-6/5/14 Sch B C-6 11/20/14-3/5/15 Sc Missed reporting Facebook boost chrg \$40.00 Missed reporting Facebook boost chrg \$9.59 As Originally Reported **Explain Correction** expense 40.00 expense 9.59

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C-6 (page 8)

EXHIBIT 13

MONTANA.GOV OFFICIAL STATE WEBSITE

SEARCH

্ৰি;sioner of Political Practices

Commissioner

John H. Hanson

Campaign Information Lobbying Ethics Complaints About the Agency

Home » About The Agency » Mission Statement and History

1975Office of Commissioner of Campaign Finances & Practices: established

Mission Statement

To monitor and to enforce, in a fair and impartial manner, campaign practices and campaign finance disclosure, lobbying disclosure, business interest disclosure of statewide and state district candidates, elected state officials, and state department directors, ethical standards of conduct for legislators, public officers, and state employees, and to investigate legitimate complaints that arise concerning any of the foregoing.

History

Year Changes

for full disclosure and reporting of the sources and disposition of funds used to influence elections in Montana 1981Additional responsibilities added to Office of Commissioner of Political Practices: both lobbying disclosure and disclosure of business interests of elected officials	Peg Krivec
1987 1993 Code of Ethics enacted: responsibility added for the administration of 1994 ethical standards of conduct for legislators, public officers, and state 1995employees 1999	Dolores Colburg Ed Argenbright Linda Vaughey
2005 2008:Campaign practice complaints dramatically 2006 increase in number. The complaint docket becomes 2007 increasingly large with 40 or more complaints 2008routinely listed on docket. Up to this time COPP has 2009 a four person staff consisting of the Commissioner 2010 and 3 staff. All legal work has been handled by outside counsel working under contract with COPP	Gordon Higgins (through July 2006) Dennis Unsworth (from Sept. 2006)
2010: Investigator position added to COPP staff, increasing staff size to five.	Jennifer L. Hensley
2011 In-house counsel position added to COPP staff, 2012 increasing staff size to six.	(through May 2011)
2013 2014 2015	David B. Gallik (through Jan. 2012)
2016	James W. "Jim" Murry (through April 2013)
	Jonathan Moti (June 10, 2013 to current time)

- is appointed by the governor, confirmed by the State Senate;
- has one single six (6) year term and is ineligible to serve again as commissioner

PRIVACY & SECURITY

MONTANA.GOV OFFICIAL STATE WEBSITE

ACCESSIBILITY

EXHIBIT 14



- Home
- Firm Overview
- Attorneys
- Practice Areas
- Cases
- News
- Contact Us

Firm Overview

Focus

Morrison, Sherwood, Wilson, & Deola, PLLP is an AV rated civil firm composed of public interest trial lawyers. We fight for our clients in cases that help make Montana safer and fairer for everyone. Our cases have recovered millions of dollars for individuals and businesses in this state while shaping the law in important ways. We believe insurance companies, banks and investment companies should treat people fairly. We believe those who are wrongfully injured should be fully compensated. We believe that workers should be treated fairly too, products should be safe, government should be open, and our natural resources should be treated with care and respect. We believe that constitutional rights deserve protection and that the quality of your lawyer should not depend on the size of your bank account.

Firm History

Morrison, Sherwood, Wilson and Deola has a long history of public interest advocacy and protecting the rights of everyday Montanans. The firm began as Reynolds, Motl and Sherwood in 1982 when James Reynolds and Jonathan Motl opened a storefront law firm in downtown Helena. Over the next 28 years, the firm grew to include partners Rick Sherwood, Lin Deola and Kim Wilson, and associates Andree Larose and Brian Miller, as well as Brenda Lindlief Hall (who recently left the firm to work for a conservation group). Reynolds, Motl and Sherwood developed a reputation as a dogged public interest law firm, experienced at both the trial and appellate court level. The firm bought and restored an historic building in downtown Helena.

In 2010, James Reynolds was elected as a Judge in the 1st Judicial District. Upon Jim's departure, John Morrison became a partner in the firm. He had previously practiced with the firm of Meloy and Morrison in the 1990s, where he served as President of the Montana Trial Lawyers' Association and handled a wide variety of civil litigation, including representing the State of Montana in the Tobacco Litigation. After being elected twice as Montana State Auditor and Commissioner of Insurance and Securities, John returned to private practice in Helena before joining the firm in 2010.

In 2013, Jonathan Motl was appointed by Montana Governor Steve Bullock as the State's Commissioner of Political Practices and left the firm.

Morrison, Sherwood, Wilson and Deola continue their dedication to carrying on the strong tradition of civil trial work and advocacy in Montana.



Martindale Hubbell AV® Rating









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Nothing on this website is intended to offer advice about a specific legal situation, nor does it create a lawyer-client relationship. The State of Montana does not certify lawyers as experts in any area of law.

By Morrison, Sherwood, Wilson, & Deola, PLLP